A Clinical Lecture
ON
THE PULSE: ITS DIAGNOSTIC, PROGNOSTIC, AND THERAPEUTIC INDICATIONS.

Being Lecture V. delivered at St. Mary's Hospital in the Summer Session of 1875,

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GENTLEMEN,—I told you in my last lecture that there were three factors in the production of the pulse—namely, the heart, the small arteries by means of the muscular coats, and the large arteries by their elasticity. We considered chiefly the heart, on which, as I pointed out, depend the frequency, force, and rhythm of the pulse. I may here add that the indications afforded by the action of the heart are of importance chiefly in *acute* disease. But the action of the heart, and therefore the rate, rhythm, and force of the pulse is greatly influenced by the small arteries; on them, however, more especially depends the character of the pulse, which may be said to be determined by the peripheral resistance. I mentioned only one element in this peripheral resistance—the contraction or relaxation of the muscular walls of the minute arteries; but there is another element which must not be lost sight of, though the part which it plays is not definitely known—the degree of facility with which the blood traverses the capillary network.

On considering the results of relaxation and contraction of the arterioles on the pulse, we found that the following variations in character must necessarily accompany these opposite conditions. When we feel the pulse, if the arteries are relaxed the diameter of the vessel is increased and the pulse feels *large*, *quick* or *short*, and *soft*, the tension being low. With contracted arteries the converse obtains in each particular. The diameter is diminished and the pulse feels *small*; the blood passes through the vessels with greater difficulty and more slowly, and the pulse becomes *long*; the tension is high and gives it the character of *hardness*.

With regard to the effect produced on the pulse by the aorta and large arteries, I stated in my last lecture that they equalised the flow of the blood; they have, however, besides this, other and highly important effects, which are best shown by the sphygmograph, and to which I will now briefly call your attention.

The sphygmograph is invaluable as an exact means of observation, and has been a great means of educating us how to feel and properly appreciate the pulse—has, in fact, as I said, rediscovered for us the indications furnished by the pulse. It will never come into use in general practice, for it demands not only time and care at each application, but also a careful preliminary training. It is an instrument of precision and requires a skilled workman. The value of its revelations depends entirely on the intelligence which is brought to bear on its employment, and if carelessly used it can only lead to error. A good rifle is more sure to hit if the aim be good, but it is more sure to miss if the aim be bad. Completely different tracings may be obtained from the same pulse by variations in the pressure employed. The employment of the exact pressure which will best bring out the features of the pulse is a matter of skill, and, the amount of pressure required being an important item of knowledge, great uncertainty arises here. Moreover, not only is it in the operator that sources of error may arise; the instrument itself, by variations in its construction, may invalidate the result for all purposes of comparison. To interpret a tracing satisfactorily certain details respecting the sphygmograph producing it must be known, and much experience is required to render the tracings by different instruments comparable. Not only may there be inaccuracy in the determination of the force of the spring, but the size of the pad applied to the artery will make a difference in the amount of pressure required. The smaller the pad, the weaker must be the spring; and if a knife-edge be applied in place of a pad the results will be more delicate, and the pressure required to obtain a perfect tracing, or to compress the artery completely, will be still less.

I have some tracings here* (kindly furnished me by my friend and colleague, Dr. Mahomed, of whose skill and experience I am glad to avail myself), which I now pass round for your inspection; they afford examples of the normal form of pulse, of pulses of relaxed arteries with low tension, and of contracted arteries with high tension. In the normal pulse the first thing you notice is the line of ascent; this is sometimes sloping a little backwards, it terminates in a sharp apex, and then commences the line of descent. This portion of the pulse-trace has been called the *percussion* element. Sometimes, as in high tension, the line of descent is arrested immediately after its commencement, and the lever is kept up for a short period, or even again rises slightly. This shows that the artery remains full, the stream continuing. This is called the *tidal* wave. Lastly, you see, during the subsidence of the tidal wave, another elevation of the lever, which is especially well marked in pulses of low tension; this is caused by the *dicrotic* wave, and is due to the elastic recoil of the aorta.

The percussion element is somewhat exaggerated in these traces, from the fact that Dr. Mahomed has no spring over the writing lever; but it indicates the suddenness of the contraction, and as a means of recording this it is very valuable. The trace does not, however, exactly represent the movements of the artery, for when the percussion element is excessive, the writing lever is tossed up by the suddenness of the arterial expansion, and actually leaves the short intermediate lever which rests upon and follows exactly the movements of the spring which presses upon the pulse. The pulse has been described as consisting of three waves—the percussion, tidal, and dicrotic waves. The percussion and tidal are not, however, two waves, but two elements of the same wave. The distinction between these elements must be preserved, as each gives a character to the pulse; but the term "wave" is not applicable to the percussion element. This compound wave is entirely produced by the cardiac contraction, and is the chief wave of the pulse; it is that which in an ordinary way produces pulsation in the arteries, and it is only this portion of the pulse that we can usually feel. The cardiac systole produces pressure in all parts of the arterial system; this is not necessarily an onward movement of the blood, for if an artery be tied or compressed there is no onward movement at the point of obstruction, but there is still pulsation. There is, of course, onward motion of the blood in the artery when we feel the pulse; what we feel, however, and what the sphygmograph records, is not movement, but *increased pressure*.

But the entire force of the systole does not take effect in onward movement of the blood; part of it is expended in distending the aorta; and when systole ends the elastic walls of this vessel contract, and by their recoil produce another wave or increase of pressure in the artery—namely, that called the dicrotic pulse wave.

Dicrotism is a phenomenon of arterial relaxation and low tension. Under these circumstances the blood is passing freely and rapidly through the arteries; the heart, meeting with little resistance, contracts rapidly and suddenly; the aorta, like a spring in a position of rest, is exerting very little pressure on its contents, and yields readily to the sudden distending force, and the rebound, which itself meets with less resistance, is consequently greater. At the wrist what occurs is as follows: the artery, being relaxed, is completely flattened by the spring of the sphygmograph; then by the contraction of the heart it is suddenly filled, and as it is large and relaxed the movement is great, the lever is tossed up suddenly and then falls; in its fall it receives a slight momentary check by the distension caused by the tidal wave not passing off so suddenly as the percussion effect; and then comes the rebound of the aorta, producing the dicrotic wave at the wrist.

Dicrotism sufficiently marked to be of any importance can almost always be appreciated by the touch. For this purpose the three fingers must rest on the vessel in the lightest possible manner, and, attention being given, the dicrotic beat is felt like an echo of the principal wave. Dicrotism can be thus distinguished in most cases of severe pyrexia, in the early stage of typhus, through a great part of enteric fever, and very frequently after fatigue, bodily or mental.

* It is not necessary to reproduce them, as the characters of the sphygmographic tracing are well known.

Hyperdicrotism is said to be present when the dicrotic wave appears in the upstroke of the trace: the dicrotic wave is overtaken, so to speak, by the percussion of the next pulsation, the fall of the lever being intercepted before it has reached its lowest point. It is simply a phenomenon of excessive frequency of pulse, with relaxation of arterioles. When with extreme frequency there is extreme weakness of the heart's action, the trace becomes *monocrotous* and the pulse fluttering—a condition of fatal prognostic significance. Conversely, if the tension be high, the systole is prolonged because of the resistance in the aorta; the aorta, already tense, cannot yield much, it cannot, therefore, rebound. At the wrist the artery is small, and is not easily flattened. The percussion wave is consequently not so high; the tidal wave, on the other hand, is more sustained, and there is little or no dicrotism on account of the constant distension of the aorta.

Another effect of the elasticity of the aorta is the delay in the transmission of the primary wave of pressure to the wrist. If a system of rigid tubes be taken to represent the arteries, with fenestræ covered by membrane introduced into the system of tubing, one near the heart, the other near the termination of the tubing, and two sphygmographic levers be placed over these membrane-covered openings, the two levers will be seen to rise simultaneously at each contraction; whereas, if the same observation be made with elastic tubing, a considerable interval will elapse between the movements of the two levers: the greater the distance they are apart, the longer will be the interval between their respective movements. This experiment explains the cause of the delay in the pulse at the wrist, which, as you know, is not perfectly synchronous with that in the carotids.

The effect of loss of elasticity in the aorta is seen in the senile pulse, which is characterised by a long tidal wave and a diminution in dicrotism; but, although the pulse is long, it is not hard, but is readily compressed. This character distinguishes it from the pulse of high tension.

Relaxation of the arterioles is induced physiologically by external warmth, exercise, fatigue, &c.; pathologically, by pyrexia &c.; experimentally, by various agents—nitrite of amyl, alcohol, Calabar bean, &c.;—contraction, by cold, renal disease, gout, lead-poisoning, digitalis, &c. But this is not the place for the discussion of such causes. I must, however, give the characters of the pulse resulting from a combination of different modes of action of the heart and different conditions of the minute arteries, enumerating the principal states of system in which each form of pulse is met with. I exclude here heart disease, as the pulse of the different valvular and other diseases of the heart will form a separate study on some future occasion.

The action of the heart being frequent and powerful, and the minute arteries being relaxed, the pulse will of course be *frequent* and *strong*, but *large, soft, short*, and *dicrotous*. When well marked this is the full and bounding pulse of medical writers, but the degree varies greatly. The pulse will have these characters during and just after exercise, especially when there is perspiration; in most pyrexias; in the early stage of most fevers and of acute rheumatism; in pneumonia.

If the heart is weak, but beating rapidly, while the arteries are relaxed, the pulse will be *frequent, weak, soft* and *short, dicrotous*, or perhaps *hyperdicrotous*, or, in an extreme case, *fluttering* and scarcely perceptible. You will observe that I do not say large, for a certain amount of *vis a tergo* is required for this. The pulse described is found in states of debility, more especially when febrile; in the later stages of fevers, in the typhoid state so-called; it is the usual pulse of the moribund.

When with frequent and forcible action of the heart the arteries are contracted, we have the *frequent, small, incompressible, long* pulse. It is met with during rigors, in the early period of acute gout, in acute renal dropsy, in many cases of scarlatina (constituting a difference between scarlet fever and most other fevers), in peritonitis and enteritis, in pleurisy also, and in meningitis.

When the heart's action is weak and the arteries contracted, the pulse becomes exceedingly small, and is often spoken of as "wiry" or "thready," or the former epithet is employed when with a very small artery there is some strength. This pulse is present in its most pronounced form in general peritonitis with collapse, but I have found it in the last stage of phthisis, and in pulmonary gangrene.

It is not my intention, however, to discuss the state of the pulse in acute disease; I wish rather to dwell in greater detail on the state of the arteries in the absence of acute disease; for the study of these conditions has afforded me some of the most valuable knowledge acquired in the course of years of observation and experience; more especially is this true of the recognition of the condition of tension and the causes of its variation.

(To be concluded.)

An Address
ON
MEDICAL STUDY AND EXAMINATIONS.

Delivered at the Liverpool School of Medicine,

BY PROFESSOR HUMPHRY, F.R.S.

[THE Medical School at Liverpool has undergone considerable alteration and enlargement. A new anatomical and pathological museum has been built, physiological and chemical laboratories have been added, and the dissecting-room has been much enlarged.

At the opening of the session on Oct. 2nd the chair was taken by Professor Humphry, of Cambridge. There was a large attendance of medical men and other residents in the town, as well as of medical students. The introductory address was delivered by Dr. Dickinson, who gave a summary of the history of medicine. Before distributing the medals and prizes Professor Humphry, having complimented Dr. Dickinson on the able and interesting manner in which he had made the leading figures of olden times to pass before them, and shown the part which each had taken in forwarding the great science of medicine, and had presented their examples to those who were to enter upon the same career, spoke as follows.]

It is now our pleasant duty to turn from the good and great of the past to the good and hopeful of the present, and to confer the tokens of honour and reward upon those who were most successful in the good fight of last session's work. I say upon those who were most successful, for let it be borne in mind that it was a contest in which all were more or less successful; none were losers; all were winners, forasmuch as all came out of that contest better men than they went into it. True, it was not possible for each one to boast that he was able

> *Ἀεὶν ἀριστεύειν καὶ ὑπείροκον ἔμμεναι ἄλλων—*
>
> ("To aim at highest honours, and surpass
> His comrades all");—

but it had been possible for each one to do what was far better and more important than to surpass his comrades all—viz., to surpass himself. It was especially a contest in which

> "'Tis better to have fought and lost
> Than never to have fought at all."

Indeed, it was in some respects better to have fought and lost, provided the student had fought well, than to have fought and won; for he who had fought and lost had, at any rate, the advantage of being able to measure his own strength more advantageously than he who had won could do; and he would also have learned a lesson of humility, inasmuch as he would have found that there were others better than himself, and he would derive the stimulus of finding that further effort was necessary to win in the race of life. I would therefore seriously advise all who are commencing the session's work to determine to enter these lists, not for the purpose of beating others so much as for the higher and better purpose of beating themselves—not with the idea of winning the prizes commonly so called, but with the intention of winning the much more important prize of self-improvement. Everyone who tills his mental ground well, who digs deep and sows good seed, though he may fail to reach the treasure which he possibly has more immediately in view, will be certain to gather the more valuable

treasure of a good and productive harvest, and will go away with joy bearing his sheaves with him. If it be a truth, as it undoubtedly is, and one of those great truths which are too little appreciated, that virtue is its own reward, so is it no less a truth that good honest work, work of all kinds, and especially good mental work, is its own reward; indeed, the best and highest reward that accrues to it is that which is inseparable from it, which grows of necessity out of it, and which results partly from the satisfaction of increased knowledge gained and of the consciousness of increased power and opportunity for usefulness. For there can be no question that the love of knowledge is one of the distinguishing features of man, one which is graven deeply in his character, and which is common to all mankind. No savage, no human being, however low and degraded, is altogether without it. Nay, it would seem from the biblical record to have been regarded as constituting a weak element in man's nature, and as presenting a side in his character upon which the tempter might most surely and fatally assail him; and this is represented, not as a feature in the character of man only, but as being perhaps even more marked in woman. Nor are we to understand that this refers to that low kind of love of knowledge called inquisitiveness or curiosity; but that it was the desire for an acquaintance with the higher things that concern our destiny, for the knowledge of good and evil, which furnished the opportunity to loosen man's resolves and to shatter his obedience. However that may be, of this I am certain, from much observation of men and manners, that nothing contributes more assuredly to steady, quiet happiness in life than a love of knowledge and the means, which may almost always be found, of gratifying it. This inherent love of knowledge we should take as a cardinal fact in considering how best to conduct education. We should take it for granted that in every one of our pupils this important and hopeful feature exists; and the great problem in education is, how to carry on efficient teaching without weakening this feature—how to give instruction sufficient to meet the growing needs of civilisation without damping and extinguishing this spark which is so essential to give warmth and life to the whole. I believe it is to be done in one way, and one way only: and that is, by associating ideas with the facts taught; by taking care not simply to communicate facts, but to communicate with them their relations, purposes, and surroundings, their being's use and end; for these constitute the life and power of facts, these give them their interest, and give to those who acquire them the power to use them. Without these adjuncts the learned in facts is like a builder encompassed by masses of material but unable to employ them because he is ignorant of their properties and relations. True the builder cannot work without the materials; neither can he construct without a knowledge of the materials, however abundant they may be. The most successful teachers have ever been those who enlisted the interest of their pupils by giving life to their subjects: in other words, who enlivened the details of their descriptions by the association of ideas and views; who not only taught facts, but taught with them what really constitutes the knowledge of the facts, and this knowledge gave pleasure and satisfaction and power to the hearers. It is this kind of knowledge which is power; and rarely will students be found careless and inattentive to it. When the teacher observes that his pupils are dull, reluctant listeners, he will do well to consider whether the fault does not, in part at least, lie in his method of teaching, in the absence of that kind of information which gives interest to the subject and forces the student to take interest in it; and when the student drags heavily along his path, and fails to find objects of interest to excite his attention and exercise his thoughts, he may depend upon it that the deficiency is in the direction or alertness of his mental vision. There are flowers and fruit enough along the way if he can but take the trouble to perceive and gather them. One of the great difficulties in carrying out this kind of teaching and learning is undoubtedly to be attributed, at the present time, to the examinations. Here let me not be misunderstood. I do not undervalue examinations. I have already advised you to go in for the competitive examinations in your school; and I believe that examinations form an important, indeed an essential, element in education. They, together with the preparation for them, tend to clear the mental atmosphere, and give precision, strength, and availability to knowledge in a way that can be effected by no other means. At the same time, like most other good things, they are liable to be mingled with some alloy; and that alloy is the evil known to be engendered under the system which is implied by the expressive and comprehensive little word "cram." Now cram is the filling or stuffing the mind with facts undigested—a *rudis indigestaque moles*,—without their being shaped and sorted and appropriated, and accompanied with that kind of knowledge which, as I have just said, constitutes the life and power of the facts and gives them their interest. Hence the study becomes dreary, dull, and repulsive. How inexpressibly lamentable is it that such a study as that of medicine should, by any possibility, have terms of this sort applied to it;—a study in which the best and most interesting features of physical science are concentrated upon the elucidation of the highest and most interesting of physical objects, and that not only in its ordinary and natural state, but in its abnormal and morbid conditions. There can be no question that the highest of all the physical studies is the study of the aberrant or abnormal conditions of the human body considered in relation to physiology on the one hand, and to pathology and treatment on the other; unless it be that which may, indeed, be regarded as a division of the same subject, and which, in a growing civilisation, is the most important division—that, namely, which relates to the prevention of disease. That such a study should become dull and repulsive is scarcely conceivable, and would seem to require a prodigious amount of bad teaching and bad study and bad examining to make it so. Yet, alas! we know that this is too much the case—that too many men learn no more of it than they are compelled to do, and learn that little heartlessly, grudgingly, and unwillingly. That this is so is, to my mind, the serious and discouraging feature which now confronts us in medical education, and indeed in all education. How to prevent or diminish it is the great educational problem of the age; and for the solution of this problem we must look first of all to the improvement of the examinations. Examinations are a rapidly increasing force in this country. They are becoming the masters of education. The students will learn, and the teachers must teach, with reference to them. Such, therefore, as are the examinations, such will, of necessity, be the teachers, and such will be the students. The improvement in the style and character of education must begin with the examinations; and the great improvement required in them is that to which I have already alluded—namely, the making them tests, not simply of facts acquired, but also of the knowledge of the facts and of the power to wield them. We want, not simply a knowledge of practical facts, but (which is a very different thing) a practical knowledge of facts. I am well aware of the great difficulty of conducting examinations so as to effect this, and to give a stimulus in the right direction to teaching and study. Herein is shown the ability of the examiner as well as the thorough knowledge of his subject. What I say on this matter is the result of much experience in examinations, passive, active, and neuter. In the passive sense I underwent an unusual amount of examination in my early medical career, and, though I recognised their good influence, I used heartily to long for the time when I should be absolved from their tyranny and be at liberty to range freely in the pleasant pastures of medical study. Actively, I have had my share in conducting examinations, and I live in a place where education and examinations enter largely into our thoughts and duty, where, in short, they form the staple article of business; and I have always been impressed with the great difficulty of conducting examinations well, and have been by no means satisfied with my own efforts to carry out my desires. As a neuter, I have, in the capacity of a member of the General Medical Council, had the opportunity of visiting and reporting on medical examinations in each of the three divisions of the empire; and though I am glad to testify that the examinations which I had the honour to visit were on the whole well conducted, still I was impressed with the difficulty of so conducting them as to exercise a high influence on education, and to give the required stimulus to teachers and students—the stimulus to enable and induce them to teach and study in that higher manner which constitutes real education, and which carries both interest and power with it. I think the tendency, in anatomy especially, is to lay rather too much stress upon minutiæ of detail, and to re-

gard too little the teleological bearings. This, perhaps, is partly to be attributed to the dissociation of physiological from anatomical teaching, which has, I think, tended to exert an evil and depressing influence on the latter. I have always been thankful that when I commenced the study of anatomy the influence of John and Charles Bell had not altogether paled before that of their more exact but less enlivening successors. Whatever view may be entertained on such a point as this, I feel that it is now more than ever necessary to watch examiners and examinations narrowly, and to enlist the highest ability and wisdom in fashioning this, which is the very corner-stone of the educational edifice. The importance of this subject must be my excuse for dilating upon it; but time presses, and I will return to the more immediate business of the day. Some of you are about to enter into practice or are practitioners already. It is a trite piece of advice to you that you should remain students still; but I can give you no better. Foster carefully the flame of the love of knowledge in yourselves by feeding it with good fuel. It will contribute to your happiness more than almost any other thing. It will tide you over the many vexations and trials and disappointments incidental to professional life, and carry you above them in a level of quiet composure. The varied studies of medical men—such as botany, chemistry, physiology, &c.—give them the advantage over other men that they are more likely to have acquired a taste for some branch of science or reading which they can fall back upon as a resource in times of leisure; and I always remark that those are the happiest in whom this is the case. Though it is true that the disturbances and uncertainties appertaining to professional life are great distractions from the pursuit of any settled course of reading, yet these very uncertainties, attended with frequent intervals of unoccupied time, render it peculiarly important that there should be some favourite study to resort to which may prevent the desultoriness of habit and thought which the irregularities of our daily life have a special tendency to promote. Of all our studies, pathology is the one which I would particularly recommend as advantageous from a professional point of view, both on account of the interest which attaches to it and the vantage-ground which it affords. Nothing can give greater assurance and solidarity in the diagnosis and treatment of disease than a good knowledge of the characters of the disease. Work at it microscopically. Read the standard treatises on it. Work carefully over the good and well-selected specimens in the pathological museum in this school before you leave it. Do the same with any other museum that may lie in your path. Do not despise the information to be obtained from specimens because they are in bottles. There is a vast deal to be learned from them. An hour or two daily may be more profitably spent in examining these specimens in bottles and reading the histories associated with them than perhaps in any other way. This is a source of knowledge second only to the examination of the bodies of those whose cases you have watched during life. In no direction is so large an amount of knowledge allowed to run to waste as in pathology, whether we regard the neglect of post-mortem examinations or the neglect of opportunities afforded by pathological collections. They are the weapons which death offers us to turn against himself, and we too much fail to take advantage of them. I am not, however, so anxious to suggest the particular line of study as to urge upon you to make some subject—some branch of literature, philosophy, or natural or medical science—your resource in the hours of leisure from active and engrossing professional occupation.

To you who are entering upon the session's work in the school I can do no better than endorse what you have heard from Dr. Dickinson. Your work is to be your pleasure, and will be so if you are going the right way to work. Let not the pass-examinations be too much in your thoughts. They are meant to be a terror to evil-doers, and not to the good; and in the preparation for competitive examinations, if your first object is to improve yourselves, they can be no trouble to you, and you cannot meet with disappointment. You have great advantages here. Your school is equipped with the appliances and means of practical study in the most approved manner as few other schools can boast, and remember that the credit and success of the school depend upon your good use of them.

After all, it is signally true of knowledge as of all other treasures, that the life of a man consisteth, not in the abundance of the things which he possesses, but in the motive which guides him in the use of them—the polar star around which his thoughts and actions revolve. What that polar star should be there is no need for me to tell you. Your own consciences will prove infallible pointers to it.

CASE OF MENINGOCELE ASSOCIATED WITH CERVICAL SPINA BIFIDA, CURED BY ASPIRATION.

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THE occurrence of meningocele is not common, but less frequently do we meet with cases of this kind where there was not only a bony deficiency behind the foramen magnum, with protrusion of the membranes of the brain, but also, concomitantly, absence of the lateral arches and spinous processes of nearly the whole of the cervical vertebræ. Aspiration of the tumour on two occasions had the effect of causing its diminution to a great extent, and ultimately led to a closing of the aperture of connexion between the inside of the skull and the cavity in the interior of the meningocele.

The child lived eighteen months after the two operations, its death being caused by chronic hydrocephalus. Whether the hydrocephalus, which certainly did not appear to exist at birth, was caused or aggravated by the closure of the communication between the skull and the meningocele, it is of course impossible to say. At any rate hydrocephalic fluid began to accumulate in the ventricles very rapidly after the second tapping; it was probably in consequence of there being no outlet for the secretion at the back of the skull, as there formerly had been, that one so soon began to notice the great increase in the size of the head, due to the expansion and separation of the cranial bones, and the bulging of the membranes through the fontanelles. The *modus operandi* of the cure of the meningocele was, as I believe, a deposit of fibrous material, the result of inflammation at the neck of the sac, which occluded the opening into the skull. This was proved by the fact that at the post-mortem examination, after I had absolutely cut away the tumour altogether, none of the cerebro-spinal fluid escaped from the aperture. Further than this, the sac of the meningocele, from which I had once during life drawn off four ounces of fluid, was found at the time of the child's death to be so contracted that it would barely contain a couple of peas.

Very possibly the hydrocephalus, from which the child died at the age of twenty months, had its commencement prior to the operation, but that it was intensified by the paracentesis is more than probable. If, as Morgagni has observed in spina bifida attended with hydrocephalus, the enlargement of the head has been known to undergo a considerable diminution after the casual rupture of the tumour of the spine,* one can readily understand how an opposite condition, such as the removal of the sac of a meningocele or spina bifida, may tend to the increase of the hydrocephalic secretion within the skull, and to the consequent enlargement of the head.

Aspiration was, I believe, a perfectly justifiable proceeding, inasmuch as it was clear that there was neither cerebral nor cerebro-spinal material within the sac of the meningocele. Had there been reason for suspecting the presence of either a portion of the brain or spinal cord in the meningocele, I should not have thought of any operative procedure.

It is very likely that I might with safety have removed the tumour *en masse* with the écraseur after the second tapping, but as the child was evidently gradually sinking from chronic hydrocephalus, I could see no advantage in resorting to any further operation.

On May 17th, 1872, Mrs. X——, a delicate fair lady, aged twenty-five, was delivered of a female child after a natural

* De Sed. et Caus. Morb., epist. 7, art. 9.

labour. The mother, who had been weakly from her birth, was of a highly nervous temperament, and had a peculiar habit of rolling up her eyes while speaking, so that only the conjunctivæ could be seen. She had been confined once previously (Feb., 1870) of a healthy child, and in May, 1871, had suffered from a serious miscarriage at the fourth month, the placenta being retained and the consequent hæmorrhage having weakened her greatly.

Family history.—She has three sisters, who are all delicate, and two brothers, who are said to be hale strong men. Her father looks well, but her mother is a fair, delicate-looking woman, and has had much illness. Her husband is a man of high mental but weak physical organisation, who has a winter cough and occasional hæmoptysis; his only brother has also suffered from phthisical symptoms.

The child, whose history I now proceed to narrate, was rather small; its neck was much shorter than natural, and the occiput seemed close to the shoulders. Behind the foramen magnum in the middle line was an opening into which the point of the forefinger could easily be introduced, and pendant from the back of the neck, and evidently proceeding from the opening in the skull, was a tumour, the size of a small orange; the swelling was fluctuating, translucent, and appeared to contain clear fluid only, and no solid contents; it became larger and more turgid when the child cried, but was small, soft, and flaccid when the child was asleep, and at no time was there any impulse when the hand was applied over it. The child's legs and arms were very diminutive; the thumbs were turned inwards over the palms, and the feet inverted so that they would probably in time have become varoid; the fontanelles were open to their usual extent, but no hydrocephalus was obvious at the date of birth. I diagnosed the case as a meningocele complicated with cervical spina bifida, and that opinion was shared by my friend and colleague, Mr. Furneaux Jordan, who saw the patient with me on June 21st, 1872. As there was no brain-substance, constituting encephalocele, within the sac, an operation to evacuate the contents of the tumour was considered justifiable; and, it having been consented to by the parents, to whom the risk was fully explained, I punctured with a small aspirating trocar on June 26th, and drew off two ounces of clear, straw-coloured fluid, which I judged to be cerebro-spinal. When the fluid contents were evacuated, one could clearly make out that not only was there a large opening into the skull, but that also all, or nearly all, of the laminæ and spinous processes of the cervical vertebræ were wanting. Collodion and a pad of lint were applied at the point of aspiration.

No bad symptoms followed the operation, but the tumour filled up again very soon, though its contents seemed less fluid and translucent.

On July 5th I again aspirated the tumour, and evacuated four ounces of yellowish, opalescent fluid. Great febrile excitement followed this second operation, and for two days the child was in considerable danger. The fluid contents did not again accumulate, and gradually the tumour diminished in bulk and increased in firmness, until it felt somewhat like a small fatty tumour, which retained the same size and appearance when the child cried and under all other circumstances.

Soon after the child was born the head began to enlarge, and the fontanelles to be very open.

Aug. 7th, 1872.—Mr. Wm. Adams, of the Great Northern Hospital, saw the patient with me, and the question of removing the tumour with the knife or écraseur was discussed, but as the hydrocephalus was on the increase, and the child's condition was very feeble, we decided that it was not likely to be of any permanent benefit to the child, and therefore that we could not recommend the operation to the parents.

Iron, cod-liver oil, and wheat phosphates were in turn used, with occasional alteratives of grey powder and rhubarb. Locally, spirit lotions and then gentle pressure were employed, but in spite of all treatment the head gradually enlarged, as will be seen by the following table, which shows the measurement of the circumference, and also the antero-posterior measurement of the head, from the root of the nose to the top of the cervical tumour.

1872.	Circumference.	Antero-posterior measurement.
Sept. 20th	17⅞ in.	13 in.
„ 29th	18¼ in.	13 in.
Oct. 5th	18½ in.	13¼ in.
Oct. 10th	18⅞ in.	13½ in.
„ 19th	19 in.	13½ in.
„ 22nd	19¼ in.	13⅝ in.
„ 26th	19⅝ in.	14 in.
Nov. 6th	19½ in.	14 in.
„ 27th	19⅝ in.	14 in.
1873.		
Feb. 9th	21½ in.	16 in.
March 1st	21 in.	15½ in.
„ 6th	21 in.	16 in.
„ 28th	22 in.	16¾ in.
April 29th	21¾ in.	16½ in.
May 13th	22⅝ in.	16 in.

During the succeeding six months the head increased but little; the frontal suture united, but the anterior fontanelle bulged widely. The child never had convulsions, but gradually got weaker, and passed away quietly on January 22nd, 1874.

I made a post-mortem examination, with the assistance of my dresser, Mr. Whitby, on the following day. The body was dreadfully emaciated: length 26½ inches; circumference of thorax, 14 inches. The hands were firmly clenched, with the thumbs directed across the palms. Circumference of head, 22⅝ inches; antero-posterior measurement from meningocele to superciliary ridge, 17½ inches. The fold of the neck was quite lost at the back, and there was a tumour, about the size of a pigeon's egg or a small walnut, springing from just below the occipital protuberance in the middle line. There were circular patches of ulceration extending down to the cranial bones, in the right frontal, left parietal, and occipital regions, which had evidently been caused by pressure on those points. The tumour was first excised; no fluid escaped when the child was laid on its back, except a little blood from the aperture in the occipital region of the skull. The scalp being removed, the sagittal suture was found ossified, but the coronal and lambdoidal sutures were entirely membranous. On the membranes being punctured, only a few drops of blood oozed out; but on the lateral ventricles being opened, about two quarts of a pale clear serum escaped. The skull-cap, which was so thin that it could in most places be cut with a scalpel, being removed, the longitudinal sinus was found to be of a very large size and full of black blood. The internal surface of the base of the skull measured 6 in. by 5⅝ in. The lateral ventricles were so expanded that the cerebral substance enclosing them was only from a quarter to half an inch in thickness. The cerebrum itself was pale, soft, and diffluent; the cerebellum was moderately healthy, but there was a little fluid beneath the pia mater on the left side.

Condition of parts through which the meningocele escaped.—An opening, measuring 2 in. in length by 1 in. in width, extended from the foramen magnum backwards almost to the occipital protuberance. The posterior arches and spinous processes of the six upper cervical vertebræ were entirely wanting, and the spinous process of the seventh was deficient. The dura mater extended from the interior of the skull into the opening; but no portion of the cerebrum, cerebellum, or medulla spinalis was contained in the sac of the meningocele. The meningocele itself was as large as a walnut, was covered with fine, thin, light-coloured hair, and on section was found to consist of thickened skin and cellular and fatty tissue, with a small cavity in the interior, large enough to hold one or two peas. There was no communication between this small cavity and the interior of the brain, for none of the hydrocephalic secretion flowed out when the tumour was cut off and the child placed on its back, so as to allow the fluid if possible to gravitate towards the aperture at the base of the tumour.

Birmingham.

PHARMACEUTICAL SOCIETY OF IRELAND.—At a meeting of the Council of this Society, held on the 6th inst., four examiners were appointed to examine in the following subjects:—Latin, English, and Arithmetic: Dr. E. W. Collins. Materia Medica and Botany: Dr. W. G. Smith. Pharmaceutical and General Chemistry: Mr. H. Draper. Practical Pharmacy: Mr. R. Montgomery. Two of the examiners, Drs. Smith and Collins are, we understand, sons of members of the Council, the former being the son of the Vice-president of the Council, Dr. Aquilla Smith.

NOTES OF A CASE OF TINEA TONSURANS.

BY J. THEOPHILUS BECK, B.A., M.R.C.S. ENG. &c.,
SURGEON TO THE WESLEYAN HIGH SCHOOL, CAMBRIDGE.

ONE of the pupils of the above school was submitted to me for examination and report as to the contagiousness or non-contagiousness of an affection of the scalp from which he was suffering. The boy had been sent to school with an assurance from the medical attendant of his family that no fear of contagion existed; and he supported this opinion by the fact that he had seen three cases of the same kind that had progressed to *entire* loss of hair, the hair, however, after a time growing again, and that other members of the respective families of these patients had not contracted the disease. A request was received from the parents of the lad that, if the patches of baldness extended, so as to become unsightly, he might be furnished with a wig, and his hair shaved off.

On examination, I found the patient a weakly lad, anæmic, and with defective appetite. There was a history furnished with him of three or four attacks of rheumatic fever, and on examining him I found a systolic mitral bruit. The rheumatism was attributed to defective assimilation.

In consequence probably of his repeated illnesses, he was somewhat behind the other boys of his age in intellectual acquirements. He was exceedingly anxious to learn, and was a well-disposed lad, and all these circumstances rendered it desirable, if possible, to keep him at school.

I found on examination that the hair of the head generally was black, somewhat coarse and profuse in quantity, extending low on neck and forehead, fine dark hairs reaching to the eyebrows. There were ten or twelve bald patches, varying in size from a shilling to that of a halfcrown piece. The partings extending from one patch to the other were wider than natural. Some of these patches were white, but most of them appeared to have a thin brownish-yellow film, and had growing on them a few thin pale hairs, in marked contrast to the general quality of the hair. No complaint of itching or uneasiness. Some of the hairs extracted from the bald patches and their immediate neighbourhood, and submitted to microscopical examination by Dr. Wilson, demonstrator of anatomy, and myself, were found to be infested with the mycelium and spores of the Tricophyton tonsurans.

I considered that I had a case of tinea tonsurans, and gave the following opinion: that, although the fear of contagion was not so great as in other forms of tinea, yet that unrestrained intercourse with the other pupils was not free from risk. I therefore recommended a separate bedroom and entire isolation during the first week or two of treatment.

I was anxious, if possible, to save my patient from the annoyance and discomfort of losing his hair and wearing a wig—a matter of no small moment to a boy exposed to the witticisms and practical jokes of his schoolfellows. I therefore attempted, in the first place, to establish a line of demarcation between the healthy and unhealthy parts by extracting the hairs on, and a quarter of an inch around, the bald batches, and the same width on each side of the partings. This was a most tedious undertaking, and tasked alike the patience of the surgeon and the endurance of the patient. To give the boy credit, he bore it manfully and uncomplainingly, cheered by the hope of retaining his natural wig. After a few days the whole of the diseased patches were completely isolated. At the same time the hair was washed with a lotion of sulphurous acid and glycerine, and oil of cade and glycerine was applied to and around the patches by means of a stiff toothbrush. Glycerine was ordered in these lotions, with a view to prevent the dissemination of the spores of the fungus through the atmosphere. I then ordered the tincture of iodine to be applied night and morning for a fortnight, after which an ointment of bichloride of mercury was used. No fresh patches appeared after the commencement of the treatment, and by the end of the term I considered my patient cured, and contented myself with recommending a stimulating wash of ammonia and cantharides to be used during vacation to hasten growth of new hair.

On his return to school I had the satisfaction of finding that the cure was permanent, and that, instead of my patient having been reduced to a state of complete baldness, there was a growth of strong black healthy hair on the lately diseased patches.

I may add that my patient took syrup of iodide of iron and cod-liver oil while he was under treatment.

Cambridge.

CASE OF ANEURISM OF THE ARCH OF THE AORTA SIMULATING INTRA-THORACIC TUMOUR.

BY FREDERICK ROBINSON, M.D., F.R.C.P.,
SCOTS FUSILIER GUARDS.

I THUS venture to designate a case which, while illustrating the difficulty which besets an accurate diagnosis between aneurism of the arch of the aorta and morbid growths or deposits in the anterior mediastinum, presents some exceptional features of interest and instruction in a clinical point of view.

William F——, aged forty-one, an unmarried soldier of sixteen years' service, all passed on home duty, was admitted into the Regimental Hospital on the 24th May. He was known to be a man of intemperate habits, much addicted to drink. From the circumstance of his being a tailor by trade, and as such employed in the workshop with short intermissions during the whole of his military career, he had escaped that close observation as to health and habits which men on duty in the ranks are subjected to by medical officers and the military executive.

The occupation of the patient and mode of life are points to be borne in mind, inasmuch as the usual marked compression of the heart and arterial trunks (as well as of the lungs*), arising from the very defective make of soldiers' tunics, had in this case, it may reasonably be inferred, nothing to do with the origin of the malady. More probably habitual intemperance, as Dr. Peacock observed in this class of disease, by causing degeneration of arterial tissue, may have engendered the complaint. Possibly also syphilis contributed to this result, as the patient was under treatment in the year 1866, for a period of thirty-nine days, with the primary disease followed by secondary symptoms. Mercury and iodide of potassium were the remedies employed. This was the only admission into hospital of any consequence during the man's lengthened period of service, and there is no ground for believing that the constitution was left impaired by a disease which originally was not of a severe form,† and proved readily amenable to treatment.

The following were the symptoms on the morning of the 24th May:—Uneasiness referred to the top of the sternum; a fixed pain within the chest in this locality, not of severe character, nor extending down either arm or pectoral region in paroxysms; and dysphagia, so far as to make the passage of solid food uncomfortable but not impracticable. He prefers therefore liquid nutriment, which he swallows without any difficulty or limit as to quantity. Ordinarily there is little perceptible dyspnœa when quiescent, but if the patient move about or cough—as he does almost invariably when called upon to answer a question—the breathing is somewhat raucous. This condition subsides again, and he is able to respire easily and without distending the nostrils. There has been orthopnœa for a month past, obliging him to have his head raised a good deal in bed, and preventing rest on either side. The cough is not troublesome when he is perfectly still, but the least movement brings it on. It

* The evil consequences of tight collars and waists in causing heart affections or kindred disease have been sufficiently well known and commented upon by army surgeons. I am not aware that their influence in generating phthisis has elicited the like notice and condemnation, possibly because the results are less immediate and obvious. To myself, on grounds that with the present generally received views as to the origin of tubercle it is superfluous to enter into, such obstacle in the due performance of the function of the lungs has appeared to play a very important part in the causation of a disease lamentably frequent in the Foot Guards.

† Whether the syphilis was a hard chancre the records of the case do not show. The contrary is inferred, and also that some slight skin affection resulted.

is rather loud in character, may be termed "tracheal," but is certainly not "brassy" nor high-pitched. No aphonia. The attacks of cough are usually followed by expectoration of thick mucus, like that seen in the after-stage of bronchitis. Has never had hæmoptysis. The man's aspect does not indicate much suffering, and is not suggestive of malignant disease. He is of sanguineo-lymphatic temperament, of healthy countenance, free from puffiness, and when he coughs the face becomes red without actual lividity. No difference in the pupils. The veins of the neck are distended on the left side. The right temporal artery cannot be distinctly felt. Firm pressure on the trachea causes slight pain. Nothing abnormal in the appearance of the chest, which is well formed, and, in common with the rest of the body, tolerably muscular.

On percussion, there is clearly-defined, "board-like" dulness over the upper half of the sternum, taking in an area which may be covered by the palm of a man's hand. This space extends more to the right side, and there includes fully an inch of the sternal ends of the first three ribs. No impulse felt, nor sound of any kind audible. Heart's sounds clear and regular, but feeble. Respiration in the right lung anteriorly indistinct; in the left lung throughout somewhat weak. Posteriorly on the right side there is dulness on percussion, from the inferior angle of the scapula downwards. Loud bronchial breathing in the supra-spinous space. Lower down the respiratory murmur is weak, with some loose crepitation. No pain is felt in the upper part of the spine, nor soreness on pressure there. The pulse is the same at both wrists, feeble, regular, 80.* The extremities are cold, and the surface of the body covered with damp perspiration. There are no enlarged glands in the axillæ or elsewhere.

The patient distinctly says that his complaint came on gradually, was not preceded by any strain or injury, and that its duration has not been longer than a month. As regards the latter point, his statement must be taken with some reservation, as he might wish to avoid censure for concealment of illness during a lengthened period. No gastric disturbance.

The symptoms pointed manifestly either to aneurism of the arch of the aorta or some morbid growth springing from or independent of the lung; and, after weighing all the symptoms, it appeared to me that the preponderance of evidence was in favour of the latter class of affection, notwithstanding its comparative infrequency. Hence it was diagnosed.

The patient was ordered a stimulating draught of ammonia and ether every second hour, together with strong liquid nutriment, and a moderate quantity of wine. As he complained of want of sleep for the last few nights, he was ordered in the evening, his pulse having improved, a sedative draught of tincture of henbane and camphor mixture. He passed a better night, and would have slept well were it not that the cough awoke him several times. His breathing was tranquil and not at all noisy on the morning of the 25th; but, as usual when he answered questions, coughing came on. A pellet of thick mucus was brought up at the end of each seizure. The coldness and dampness of the skin remained the same, and the pulse was as weak as on the morning of admission. He passed a very restless, sleepless night on the 25th. His intellect was disordered, he talked incoherently, and endeavoured to get out of bed several times. This excited condition came on during the after-part of the day and in the evening. The visiting medical officer, bearing in view the patient's past mode of life, considered such symptoms rather indicative of commencing delirium tremens. An opiate took no effect at the time; but on the morning of the 26th he was composed and rational—in fact, his condition was the same as at the like hour on the previous day. In the afternoon he was again restless; cough not more frequent than ordinary; faculties clear. About 10 P.M. he turned faint, asked for a glass of water, and, before he was able to drink any, fell forward and expired. He was sitting up in bed at the time.

Autopsy, fourteen hours after death.—Body muscular, well proportioned and nourished; no abnormal appearances of any kind. Intercostal and pectoral muscles red and firm. A thick layer of fat covered the sternum. On raising this bone it was found at the upper part to be closely adherent to a structure which resembled to the eye and touch a tumour, occupying the anterior mediastinum. It was yellowish-white in colour, oval and flattened in form, and imparted to the fingers the feeling of a somewhat lobulated fatty tumour. It was a little overlapped by the lungs, and the part visible was about the size of a closed fist turned upwards. There were about fourteen ounces of dark-red serum in the right cavity of the chest, and the inferior margin of the lung, adjacent to the pericardium, was blood-stained on the surface. The lower half of the lung (right) rather compressed against the spine.

On laying open the supposed tumour, about a teaspoonful of bloody serum escaped, and it was then apparent that the structure was an aneurism undergoing spontaneous cure, and far advanced in such process of reparation. It was of the class designated "false," the wall being formed of an agglomerated mass of enlarged bronchial glands, dense cellular tissue, and fat. The sac was in some places three-quarters of an inch thick. Filling it completely lay a large ball of decolourised laminated fibrine, firm as a piece of muscle. This weighed nearly thirteen ounces. The whole aneurism, when removed, was about the size of a small cocoa-nut, flat on the surface beneath the sternum and convex elsewhere. Further dissection showed that it sprang from the arch of the aorta at its centre. The aperture was a slit through which a sixpenny piece could easily pass, and its margin was smooth and rounded. The surface of the aorta throughout was studded with patches of atheroma in an early stage, there being no calcareous deposit anywhere. Just above and behind the aortic valves a true aneurismal dilatation also existed—a pouch capable of holding a filbert. The pericardium was in a state of extreme tension, and on making a small puncture, a jet of dark bloody serum was ejected. The entire quantity could not be ascertained, but it was considerable. The heart then exposed was rather larger than normal, loaded with fat at its base, the surface pale, and greatly corrugated. The organ presented altogether a blanched, sodden appearance, such as might arise from its lengthened suspension in fluid. The inner structure of the viscus was firm, red, and tolerably healthy, as were the valves.

On careful examination, a small ulcerated opening, capable of admitting a probe, was found in the depending portion of the large aneurismal sac, near its junction with the aorta. This opening communicated with the pericardium, about an inch below the root of the aorta. The right lung floated when placed in water. It was rather congested at its base, and, when cut into, the bronchi showed evidences of chronic inflammatory action. The apex was puckered, shrunken, and solidified. On laying it open, cretaceous masses and fibrous bands showed that tubercular disease had existed, and that nature had effected a perfect cure. The other lung was quite healthy. Masses of fat, and glands much hypertrophied, surrounded the roots of these organs. The epiglottis was enlarged and thickened. The liver was a good deal enlarged and fatty. Both kidneys were increased in bulk, congested, and presented indications of incipient Bright's disease.

Observations.—In this case, perhaps, it may be conceded that the diagnosis, although, strictly speaking, inaccurate, was in some measure borne out by the physical and general symptoms, as well as by the condition of the contents of the thorax seen *in situ*; but that, rather from the comparative infrequency of thoracic growths weighed against aneurismal than any distinctive signs pointing to the latter affection, a more correct inference might have been drawn as to the true nature of the disease. The period during which the man remained under observation was short—but three days; and he was very reticent as to the past.

A point of interest lies in the immediate cause of death. We find Nature interrupted in her process of reparation when very far advanced; a small chink of communication with the pericardium opened out, and a gradual draining of serum established. My own conclusion is that this oozing commenced immediately before the patient's admission, and that the consequent exhaustion and alarm led him to seek relief at the hospital. Life would appear to have been extinguished by a mechanical process—the cessation of function by pressure of fluid and consequent paralysis of the heart.

A question now presents itself as to the origin of effusion

* A sphygmograph was not at hand, and the opportunity of obtaining a tracing of the pulse was lost.

into the right cavity of the chest. The state of the corresponding lung and absence of pleuritic deposits negatived any conclusion that the fluid depended on either source, while it differed from that ordinarily met with after lesion of those structures. It corresponded, however, exactly in character with the contents of the pericardium, and my opinion is that a condition of exosmosis obtained, and that the over-distended pericardium for a time thus relieved itself into the cavity of the chest. The portion of lung in contiguity with the heart was stained with blood on the surface, and over it probably the liquid flowed. A careful examination failed to detect any other aperture through the aneurismal sac by which its contents could have passed.

This case illustrates well the fact, noticed by Dr. Sibson in his very instructive tabulated records of Aneurism of the Thoracic Aorta, that such disease of the vessel at the centre of the arch causes less suffering to the patient than affections of the ascending and descending portions of the artery. The difficulty in diagnosis, too, must be proportionately enhanced. The system, it would seem, can accommodate itself there to the presence of a growth of large size, and with comparatively small discomfort to the patient, provided the body be well nourished. I assume that this condition helped to lessen the man's distress, the aneurism being protected by fat on all sides from pressure.

I have looked over the Transactions of the Pathological Society, and cannot find a case similar in all its bearings, clinical and pathological, to the present. In none were the characteristic symptoms of aneurism of the thoracic aorta so obscure or absent altogether.

Claverton-terrace, St. George's-road, S.W.

NITRITE OF AMYL IN NERVOUS CEPHALALGIA.

BY R. A. DOUGLAS-LITHGOW, L.R.C.P., &c.

SOME six years ago I had my attention first directed to nitrite of amyl, and as this therapeutic agent is at present receiving great attention from the profession, I wish to make known one of its effects which I have found almost specific; and I do so more especially as I am not aware that the action of nitrite of amyl in nervous headache has been recorded recently. As will be seen, I lay no claim to the discovery myself. I think it was in 1869, whilst reading a number of the *Edinburgh Medical Journal*, I observed a remark made by the late Sir J. Y. Simpson, in the report of one of the meetings of the Edinburgh Obstetrical Society. He said he had found the inhalation of two drops of the nitrite give immediate relief in cases of nervous cephalalgia, however severe. From that time to this I have been in the habit of so using it, and, where due care was taken in the selection of cases, I have never known it fail to produce entire and almost immediate relief. In several instances I have had to increase or repeat the dose, but, as a general rule, two drops have been sufficient.

I place two drops on the palm of the patient's hand, and quickly diffusing these with my finger over the palmar surface, I tell her to cover her mouth and nose with her hand, and to inspire deeply and quietly. No time should be lost after the nitrite is dropped on the hand, as it evaporates rapidly. The patient should be seated while inhaling, as the peculiar effects of the nitrite are produced almost instantaneously, and may occasionally alarm a very nervous or hysterical female. Fortunately these symptoms last a very short time—generally less than two or three minutes,—and with their cessation the pain almost invariably ceases. Two drops may be given as a draught in water, instead of by inhalation, but I have found the latter mode much more satisfactory.

Dr. B. W. Richardson, to whom the profession owes almost everything concerning the true physiological action of this peculiar agent, says it is one of the most powerful relaxants of vascular tension we possess, and, bearing this in view, we can easily account for many of its physiological effects. I do not, however, propose to discuss these here, but I may just mention that, in addition to the "flushing of the face" which invariably results after the administration of nitrite of amyl, patients generally complain of great throbbing in the temples, "fluttering of the heart," and a feeling of breathlessness, as if they were "dying away." Some describe a sensation of "tingling from head to foot," and several have experienced pains in the limbs analogous to cramp, while in other cases every object seems to have acquired a bright yellow hue, such as sometimes results from the use of santonine. These severer symptoms, however, are by no means common.

Used as I have just recommended, I don't think there is the slightest risk in its administration; but, owing to the temporary palpitation of the heart produced in most patients, care should be taken in administering it in cases of organic cardiac disease, &c. Should any excitement or other alarming symptom occur, cold affusion to the head, face, and chest, with a free supply of fresh air, are the proper means to use, but I have never had occasion to do so. The nitrite (which is cheap) should be procured from reliable makers only, and, as an economic suggestion, I recommend anyone using it to preserve it in a stoppered glass bottle, having an additional glass cap-cover.

North Brink, Wisbeach.

REMOVAL OF A BULLET FROM THE HEAD SEVEN MONTHS AFTER ITS RECEPTION.

BY ROSSLEWIN MORGAN, M.D.,
STAFF-SURGEON, ARMY MEDICAL DEPARTMENT.

I WAS consulted on the 12th of June, 1875, by a Chinese coolie, named Cheng Aboy, aged twenty-five years, who had a bullet firmly imbedded in the frontal bone, about three-quarters of an inch below the hair and midway between the coronal suture and a straight line drawn across the superciliary ridges and nasal notch, and about a quarter of an inch to half an inch to the left of the mesial line. The bullet was received during the Shanghae riots, in a fight between the Chinese and Malays, in December, 1874, seven months before he sought medical aid. It took an oblique direction, and was evidently a ricochet. When extracted it was triangular in shape, the base directed downwards and to the right side, the apex upwards and to the left. Its length was three-quarters of an inch, breadth half an inch, depth about half an inch, weight one ounce and three-fifths. Its external surface which was in contact with the integument was rough and rounded, its inner surface which was in contact with either the brain or its membranes, or possibly with a false membrane, was flat, rough, and coated with the clay which was used as a plug for it; its apex and inferior margin were imbedded beneath the os frontis; its base was partially free; it was covered over by the skin except a small spot in the centre, from which a thin unhealthy discharge issued.

I first tried to move it by a silver probe, but without effect; I then dissected up a circular portion of the skin, which I slit through with scissors in three directions, and being thus enabled to reach its base with an ordinary artery forceps (a bullet forceps being inapplicable), with a long-continued steady pull succeeded in extracting it. During the operation he became faint, but was revived by a little weak brandy-and-water.

The wound was dressed with a pledget of lint soaked in carbolic oil (one part to forty), which was retained *in situ* by a bandage; had a dose of castor oil, and a cold lotion constantly applied to the head.—5 P.M.: Has rather feverish skin; hot and dry tongue, coated; pulse quick and rather full; oil had not acted.

June 13th.—Febrile symptoms abated; tongue slightly coated, but soft; pulse 93; slight pain in back of head and neck; there is a hole in his forehead more than half an inch deep, over which the skin is contracting; no discharge; lint coated with healthy pus. Carbolic oil dressing continued, and cold lotion to head; ordered an ounce of castor oil, as the previous dose did not act; gets his usual diet—viz., rice and vegetables with some curry.

14th.—Interior of wound healthy-looking; has had no headache or other urgent symptoms; tongue clean; pulse

regular; bowels acted freely; wound dressed as before; lotion continued.

15th.—Removed some clay from the wound, which was cleaned out with a sponge and tepid water, and dressed from the bottom as before. General health pretty good.

16th.—Wound covered with florid healthy granulations, secreting laudable pus. Health continues good.

17th.—Removed a little clay from the wound, which is progressing favourably. Dressed as before.

19th.—Cavity of the wound filling in by granulations from the bottom. Health good.

24th.—Improving.

28th.—Improving. Wound dressed as before.

July 3rd.—Cavity of the wound filling in rapidly. Same treatment continued.

11th.—Continues to improve.

20th.—Cavity of the wound almost filled in; and the man, who has continued to enjoy good health since a few days after the extraction of the bullet, has resumed his ordinary occupation, and is quite out of danger. The integument will never completely cover over the wound. A silver plate, carefully adjusted, is now all he requires.

A Mirror OF HOSPITAL PRACTICE, BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.

ANEURISM OF LEFT FEMORAL ARTERY IN HUNTER'S CANAL; LIGATURE OF FEMORAL ARTERY; CURE.

(Under the care of Mr. CHRISTOPHER HEATH.)

FOR the following notes we are indebted to Mr. J. W. Hunt.

W. G——, aged thirty-six, was for some years a surgeon in the navy. About a month before admission he had noticed an abnormal pulsation in the left popliteal space, but it was not till January 28th that he discovered certain signs of an aneurism. Up to this time there had been no pain in the leg and no œdema. On Jan. 31st he was seen by Mr. Erichsen, who recommended digital compression, which was commenced on the same day, and continued, with intervals, for the six following days. The periods of compression during the seven days varied from six to twenty-six and a half hours, the average length of time for each day being about fourteen hours.

On Feb. 7th the patient was admitted into the hospital, under the care of Mr. Heath. He was a strong, healthy-looking, well-nourished man. He had previously suffered from scarlet, typhus, typhoid, intermittent, and yellow fevers; the latter being accompanied with albuminuria, which had never entirely left him. There was no history of syphilis. Patient lay in bed with his leg bent at an angle less than 90°. A distinct pulsation was visible in the lower two-thirds of the left thigh, most intense at a point about seven inches above the upper border of the patella. Above this point the impulse was in a forward, and below it in a backward direction. Pulsation was expansile over an area the limit of which could not be exactly defined, but which measured approximately 4½ inches from above down, and 7¾ inches from side to side. Pressure on the femoral artery above caused an entire cessation of the pulsation. No distinct tumour could be felt. There was slight throbbing felt in the site of the aneurism. There was no œdema, and no discolouration of skin over the swelling. The only cause to which the patient could ascribe the aneurism was a severe fall about forty days before admission.

At 11 o'clock (shortly after admission) a tourniquet was applied at Scarpa's triangle, and continued till 10.15 the next morning, when, no improvement being perceptible, the tourniquet was laid aside, and extreme flexion was tried. Ordered five grains of iodide of potassium every six hours. Extreme flexion was discontinued on the morning of the 9th of February, the patient having complained of great pain in the situation of the aneurism. This pain was partly alleviated by subcutaneous injections of morphia. By this treatment the aneurism was much reduced in size, and the pulsation rendered very much less tumultuous. On the 9th, at 10.30 A.M., digital compression, sufficient to arrest entirely the flow of blood, was commenced, and continued for twelve hours. Temperature 98·8°; pulse 108. After the discontinuance of compression the tumour was certainly harder, though the limits were not diminished. On the 10th extreme flexion was again resorted to, and continued till the following morning, when digital compression was resumed and kept up for eleven hours and three-quarters, the patient suffering as much pain as before. No change was observable in the aneurism. On the afternoon of the 12th the tourniquet was reapplied; but the patient was unable to bear it more than eight hours. On the 13th and 15th digital compression was again resorted to, the leg being placed in the position of extreme flexion in the intervals, but with no good effect; and on the 17th Mr. Heath decided to ligature the artery. The patient having been anæsthetised by nitrous-oxide gas, followed by ether, Mr. Heath tied the artery in the usual way, with a strong cat-gut ligature, pulsation being immediately arrested in the tumour. The wound was washed out with a carbolic-acid lotion, and the edges brought together by four silver sutures, an interval of about one inch being left below for drainage. The part was covered over with cotton-wool, and the leg bandaged in flannel and fixed by sand-bags in a flexed position. At 5 P.M. the temperature of the left foot (taken between the toes) was 103·5°, and of the right 107·5° (?); at midnight that of the left was 93·5°, and of the right 97·8°.

Feb. 18th.—Pulse 108; temperature 100·8° F. Patient complains of much pain in the thigh. No pulsation to be felt in the tumour. Temperature of the two legs about equal.

19th.—This afternoon the wound was dressed for the first time. There was some offensive discharge from the lower part, and the edges were inflamed. One of the sutures was removed, and the wound dressed as before. Temperature 102·2°; pulse 124. Temperature of right foot 99·8°, of left 102·4°.

20th.—Patient complains of a great deal of pain. Expression anxious; face pale, cheeks flushed; tongue covered with thick yellow fur. Pulse rapid and weak; temperature 100°. Patient vomited a little. The discharge is purulent and offensive. There is a blush for one to two inches all round the wound, with distinct sinuous and raised margins. Two or three glands in the groin are enlarged. No pain in the back.

22nd.—Two sutures were removed yesterday, and the wound poulticed; the last suture was removed this morning. The edges of the wound are glued together with pale granulations, and are separated about half an inch. Here and there pus has escaped from the deeper parts. The blush is still red, and has extended to the middle line of the thigh behind. The thigh is swollen and tender. Pulsation has not returned since the operation. The edges of the wound were brought together with strips of plaster, and simple cold-water dressing was applied. The blush was washed with nitrate of silver, twenty grains to an ounce. The healing of the wound was retarded for some time by a burrowing of matter deeply amongst the muscles at the outer part of the thigh, which was ultimately overcome by a careful application of pad and bandage.

24th.—Patient has much improved. Temperature 98·6°; pulse 96. Blush not extended. The wound still discharges a good deal. No pulsation to be felt either in the aneurism or in the posterior tibial artery.

From this time the patient continued to improve, though slowly. The blush gradually disappeared, and the discharge grew less, the wound granulating up from below. The wound was dressed with an oakum pad.

March 11th.—The wound is reduced to a linear granulating sore, except at the upper part, where a small amount of pus can be squeezed out. The tumour is hardly to be felt.

17th.—There is still a slight discharge, but the wound is healing up rapidly. No sign of the aneurism is visible

to the sight, but a slight swelling can be made out by the touch. There has been no return of the pulsation, either in the aneurism or in the posterior tibial artery. The patient left the hospital to-day.

One of the most interesting features of this case consisted in the rapid development and very indefinite outline of the aneurism; in fact, no distinct edge of the tumour could at any time be felt. The results of the various methods of palliative treatment adopted were at first promising, but, as frequently occurs, did not prove permanent, and had to yield to the ligature, which eventually proved successful.

GUY'S HOSPITAL.

CHLORAL AS A LOCAL APPLICATION FOR ULCERS.

(Under the care of Mr. R. CLEMENT LUCAS.)

ON visiting the wards with Mr. Lucas on Thursday, the 7th inst., we saw several patients on whom a solution of hydrate of chloral had been used as a local application to ulcers, and the results appeared to be sufficiently satisfactory to be worthy of record. Mr. Lucas commenced the use of chloral among his out-patients in August last, for cases of sloughing wounds and fetid ulcers, and, being pleased with the result, he has since given it a somewhat extensive trial in the wards. The effect of the local application of chloral appears to be that of a powerful stimulant and disinfectant; it has no soothing or sedative effect upon the part to which it is applied, but, on the contrary, gives rise to considerable pain, which lasts some time; nor does it, even when used over a very extensive surface, ever become absorbed in sufficient quantity to act as an hypnotic. Whether it is taken up into the circulation or not matters little, since the quantity used as a local application is so small compared with the dose administered as an internal remedy, that were the whole of the drug applied to find its way into the blood, the quantity absorbed would still be very much less than that of an ordinary sleeping-draught. Its local application is, therefore, eminently safe and free from the dangers which sometimes follow the use of opium lotion or carbolic lotions long continued. Mr. Lucas has used solutions of various strengths, that which he has found most useful being a solution of four grains of hydrate of chloral in an ounce of water. The application of a lotion of this strength is, as we have just stated, often attended with considerable smarting, which may last a quarter of an hour, but the smarting becomes less at each subsequent application. In cases where the patients have complained much of the smarting, the lotion has been diluted to the proportion of three or two grains to the ounce. The treatment of foul sloughing ulcers by means of chloral lotion has been attended with great success, the surface of the sore quickly cleansing and assuming a healthy appearance, whilst the subsequent healing has advanced with a rapidity in some cases quite astonishing.

In Lydia ward we saw a stout, florid woman, aged fifty, who had suffered from varicose veins for twenty years, and from ulcers for ten years. The ulcers for which she was admitted on Sept. 8th had been open for four years. At the time of her admission there were two irregularly oval ulcers occupying the front and outer side of the left leg. The anterior one was nearly seven inches in length, by three inches and a half in breadth; the second, situated behind this, was two inches and a half in length, by three-quarters of an inch in breadth. The surfaces of the sores were deeply excavated, and sloughing in parts, whilst the edges were thick, raised, and everted. Under the use of chloral lotion the ulcers quickly became sweet and clean, and the cuticle spread over them with very great rapidity, even while the surfaces of the sores were still considerably below the level of the surrounding skin. The smaller ulcer was completely healed within a fortnight, and at the time we saw the patient all that remained of the large one was a small fusiform patch of healthy granulations, about half an inch in breadth and two inches in length, upon which a blue line of cuticle was rapidly encroaching.

In the same ward there were several other cases of ulcers of less severity that had been treated in the same manner, which presented an equally favourable appearance, and also a case of suppurating cyst of the tongue, for which a gargle of chloral hydrate (two grains to the ounce, sweetened with syrup) had been prescribed as a disinfectant.

In Lazarus ward there is a patient who has suffered from varicose ulcers for ten years. He is a corn-porter, fifty-four years of age, and is accustomed, when at work, to drink five or six pints of beer a day, besides indulging to intoxication at least once in every week. When admitted, his legs were much swollen and inflamed, and the ulcers deeply excavated, sloughing on the surface, and reeking with offensive odours. There was an ulcer on the inner side of the left calf, two inches and a half in length by one inch and three-quarters in breadth; the edges were thick and everted; at the upper part there were high granulations, and below a sloughing surface. On the right leg there were two elongated and irregular ulcers: one on the outer side, five inches in length by two inches in breadth; and one on the inner side, four and a half inches in length and from half an inch to an inch in breadth. These ulcers were deeply excavated, and in a foul and putrid condition. After the application of chloral lotion for a few days, the sores presented a clean and healthy appearance, all putrescence and bad odour had vanished, and cuticle began rapidly to spread over their surfaces. On the 7th inst., about three weeks after admission, the ulcer on the left leg was reduced to one inch by half an inch, and was a healthy healing sore. The large ulcer on the outer side of the right leg had healed, with the exception of two small portions, one at the lower part and one in the middle; and the ulcer on the inner side of the same leg was healthy and healing, and reduced to three inches in length by half an inch in breadth.

We also saw a boy in the Accident ward who had met with a severe injury in front of the knee, causing extensive sloughing of the integuments in front of the joint. In this case chloral lotion had been used from the first, and had acted favourably in cleansing the wound.

WARNEFORD HOSPITAL.

CASE OF ARTIFICIAL RESPIRATION IN PARALYSIS OF RESPIRATORY CENTRES.

(Under the care of Dr. HOMER.)

SOME remarks were recently published in this journal on Artificial Respiration in Paralysis of the Medulla Oblongata. The following case, for the notes of which we are indebted to Mr. Geo. W. Crowe, M.B., house-surgeon, bears upon the same subject.

George M——, aged sixteen years, bandsman in the militia, was admitted on June 17th, 1875. Had been ill one month. Had been a strong lad until May 16th, 1875. On that day he marched with the band about two miles, but he complained of headache and sickness, and was sent home. Next morning he felt quite well again, marched with the band about three miles, played all day until 4.30 P.M., when he again felt so ill that he was sent home, supported by two men. He was kept in bed for one week, when he was sent to the Militia Hospital, and remained there until the date of his admission to the Warneford Hospital.

On admission, he was very weak, semi-conscious, but answered questions when roused. The body was much emaciated, and the belly retracted. Temperature 99·5°; pulse 86; respiration 18; pupils normal; urine healthy. He moaned a good deal, and complained of severe pain in back of head and neck. This was much relieved by ice-bags. He became quite conscious on the fourth day after admission, and said he did not remember coming to the hospital. Pain in the head much better. After three days the pain in the head returned, and the patient complained of pain also in the back of the eyes. He again became partially unconscious, with slight delirium at night. Got out of bed several times in the absence of the nurse. He became quite conscious again in three or four days, but again had a relapse after a few days. He continued in this state, with periodical intervals of consciousness, until July 25th. The bowels were very costive, and vomiting was a constant symptom throughout.

On the 25th of July Mr. Crowe was hastily summoned at 2.45 P.M. The nurse said that she had left the ward for a few minutes, leaving the patient rather better than usual, but on her return he seemed much worse, and was moaning

a good deal, and crying as if in severe pain. The patient was found with a flushed face, and quite unconscious. The veins of the forehead were much distended, and the pupils contracted to the size of a pin's head. The pulse was full, rapid, and regular; the breathing very quiet and slow. In about a minute all respiration ceased, and the face soon became quite livid. The heart continued to beat strongly. Dr. Wilson, medical officer of health for Warwickshire, happened to be present at the time, and agreed in the decision to try artificial respiration pending the arrival of Dr. Homer. Dr. Wilson kindly assisted in maintaining artificial respiration, and in a few moments the lividity began to disappear, and in a minute the face had quite regained its normal hue. In about five minutes the pupils suddenly dilated widely, but still continued insensible to light. The artificial respiration was continued without intermission for two hours and a half, and in the meantime Dr. Homer had arrived and ordered a turpentine enema. This, however, was not retained, owing to relaxation of the sphincter ani. At this time it was noticed that there was well-marked priapism. After two and a half hours the artificial respiration was temporarily discontinued, and in two minutes the pulse had risen in frequency from 120 to 140 beats per minute. In five minutes the heart's action had become intermittent and the face intensely livid. Artificial respiration was now resumed. (During this interval it was proved by several tests that there was no attempt at natural respiration.) In one minute the lividity had quite disappeared, and the pulse fallen to 120, with no intermission. At 5.30 P.M. artificial respiration was again discontinued, and not resumed for seven minutes. The same sequence of events occurred, except that the pulse rose to 150, and there was a loud systolic bruit at the apex of the heat. At 6.20 artificial respiration was again discontinued. The pulse at this time was 116, slightly weaker than before, but still pretty strong and regular. The temperature was 96°. After seven minutes artificial respiration was resumed, and kept up for an hour. It was discontinued at 7.30, but recommenced in five minutes, as the heart's action had become very intermittent. A 7.50 it was again discontinued, and not resumed for ten minutes. In five minutes the heart's action became intermittent; it then became regular again for about a minute, and again intermittent. The beats rose in frequency till the end of the fifth minute, when they began to get slower, and at the end of the tenth minute had fallen to 48. The face became almost black, and the veins of the neck were much distended. Artificial respiration was now resumed, and the lividity again disappeared, but more slowly than on the previous occasions, as the admission of air to the lungs was impeded by accumulation of mucus in the air-passages. At 8.20 P.M., five hours and thirty-five minutes after artificial respiration had been commenced, it was determined to finally discontinue it. In three minutes the pulse fell to 60, the heart's action gradually becoming weaker, with systolic bruit, loudest at the apex. In ten minutes the heart's action was sluggish and irregular, and there were only 20 beats per minute. The heart-sounds continued audible for fifteen minutes, but after this interval no sound could be heard.

Autopsy, forty-three hours after death.—Only the head was allowed to be examined by the parents. The legs showed signs of rickets. A portion of the inner table of the skull, about the size of a shilling, was deficient, near the coronal suture. The membranes showed nothing abnormal. A small amount of fluid escaped on removing the skull-cap. The vessels were not much distended. The ventricles were all very much dilated with a straw-coloured fluid, and there was a little pus in each of the posterior cornua. The lining membrane of the ventricles showed gelatinous degeneration. The medulla and cerebellum were softer than usual, and there was a small patch of tubercle on the latter where in contact with the medulla.

Remarks.—There are several points of interest in the above case. First, that life can be prolonged for a considerable time by means of artificial respiration. In this case the patient was kept alive for five and a half hours, when in the natural order of events he would have died in a few minutes, and no doubt the artificial respiration could have been successfully maintained for a considerably longer period had not the case been considered quite hopeless. Again, this case shows that the blood can be perfectly re-oxygenated by means of artificial respiration after a total absence of all respiration for ten minutes. And, thirdly, though the rule laid down is, that in cases of suffocation or non-admission of air to the lungs from other causes, the ventricular contractions cease before the expiration of five minutes, yet, in the above case, the last ventricular contraction was fully fifteen minutes after all respiration had ceased.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THIS Society met for the first time after the recess on the 12th inst., when the chair was taken by the President, Sir James Paget. The attendance of Fellows and visitors was unusually large, attracted, doubtless, by the paper of the evening, which occupied upwards of an hour in delivery. The subject of the paper was the Pathology of Chorea, and it will be seen that Dr. Dickinson does not accept the theory of embolism, and that he describes widespread changes—chiefly of hyperæmic nature—in the nerve centres similar to those which he has met with in diabetes. The meeting was prolonged for half an hour, which allowed of the delivery of excellent speeches by Drs. Broadbent, West, and Hughlings Jackson. At the commencement of the proceedings, the President laid upon the table the new volume of the Society's Transactions. We observe that there is already a very long list of papers to be read in the coming session.

A paper by Dr. W. H. DICKINSON on the "Pathology of Chorea" was read. At the outset the author remarked upon the need of accumulated observations in the present state of the pathology of the nervous system, before it would be possible to know the progress of any disease from its origin to its termination. He then proceeded to describe the morbid appearances found in seven fatal cases of chorea. The cases were related, as nearly as could be judged, in the order of their acuteness, those being placed first in which death ensued earliest.—CASE 1. A girl aged ten years, had acute rheumatism one month before; systolic murmur at apex; no palpitation, but pain in left chest and spine. The attack of chorea lasted two days, terminating somewhat suddenly, death being preceded by acute pain in lumbar region. There was found thickening of edge of mitral valve, with vegetation on its auricular border. Intense injection, both arterial and venous, in brain and cord, most marked in the corpora striata, the arbor vitæ of the cerebellum, and in the dorsal region of the cord. Traces of perivascular erosion widely distributed, and the central canal of the cord was greatly dilated (measuring one-seventh of an inch in diameter in the lumbar region), and distended by débris of blood and by serous exudation. — CASE 2. Girl aged ten years — third attack, the first of which, four years previously, had been very severe. The present attack lasted twenty-one days, the temperature reached 104·5°, and there was a faint systolic murmur. The mitral valve was beaded. In the nervous centres there was similar evidence of congestion, both arterial and venous, especially in the corpora striata, with the addition of superficial hæmorrhages, and exudation around the arteries of the corpora striata. In the cord, besides injection, there were numerous periarterial erosions in the dorsal and lumbar regions, especially in the grey matter.—CASE 3. A boy aged seven; death on the twenty-fourth day. Vegetations on mitral valve. Injection of vessels of brain of every class, most about optic thalami; some extrusion of corpuscles. Injection of cord, and hæmorrhage into grey matter of dorsal and lumbar regions, symmetrically with regard to the two sides.—CASE 4. A girl aged eight; chorea following fright received three days before; no cardiac murmur; death in a typhoid condition fifty-seven days after the fright. Engorgement of veins of brain, chiefly on surface and in substance of corpora striata. Injection and erosion of the cord, with large hæmorrhage (visible to naked eye) in the anterior cornu in

the cervical region, and smaller hæmorrhages elsewhere.—CASE 5. Duration fourteen days. Venous injection of brain, especially of corpora striata, wherein were also periarterial exudations. Arteries in convolutions near Sylvian fissure, surrounded by blood-crystals and débris. Injection and scattered erosions of cord. "Sclerosis" of grey matter in dorsal and cervical regions, placed with bilateral symmetry.—CASE 6. Female, aged fifty-four; since last attack, thirteen days; two preceding attacks, the last a year ago. Recent injections, such as in other cases, of bodies at floor of lateral ventricles and of cord. Older changes, periarterial degenerations, and scattered spots of "sclerosis" in *substantia perforata*, and convolutions at beginning of left Sylvian fissure.—CASE 7. Duration four years. Spots of "sclerosis" numerously set in *substantia perforata*, and grey matter of corpora striata, symmetrically with regard to the two sides. In cord, large exudations into the grey matter and fissures, chiefly in the cervical region. In speaking of so-called "sclerosis," the author pointed out that the term was misleading, since there was no induration, the change consisting in small round or oval translucent spots, about one-hundredth part of an inch in diameter. Having given the above summary of fatal cases, he stated that it was enough to show that the changes were remarkably constant in kind and place. In *kind* the changes were all (allowing sclerosis to be so) directly connected with vascular disturbance. The injection was general to vessels of every kind, but most marked in the arteries; when the sources of exudation or of hæmorrhage could be determined, they were always arterial; the degenerations were usually periarterial, and the spots of sclerosis similarly placed. The first visible change would seem to be injection or distension of the arteries, this being succeeded by extrusion of their contents, to the irritation or injury of the surrounding tissues. In *place* the changes affected both brain and cord; the cord perhaps the most severely. Whether in brain or cord, the changes on the two sides were generally symmetrical, both being often affected at the same spot in the same manner, and nearly to the same extent; and in instances where no symmetry was apparent, a tendency to it could be traced, as in the existence of vascular distension on one side corresponding to hæmorrhage on the other. The parts of the brain most usually attacked lay between the base and the floor of the lateral ventricles in the track of the middle cerebral arteries—the substantia perforata, the corpora striata, and the beginning of the Sylvian fissures. In the cord the changes attained their maximum in the posterior and lateral parts of the grey matter and in the upper portions of the cord. Regarding arterial repletion as the origin of the pathological changes, the source of this vascular state was discussed. The embolic theory was shown to be inconsistent with the character and distribution of the morbid appearances, in that in no instance were decolorised plugs found in the arteries, and the symmetrical distribution of the changes was strongly opposed to embolism. To elucidate some of the points in question, the clinical history of the disease was adduced as represented by a tabulation of 22 fatal cases, all examined after death, and 70 cases under observation during life only. The prominent fact brought out by these cases was the frequency of mitral endocarditis in connexion with the disease. This existed in 17 of the 22 fatal cases, while there was stethoscopic evidence of it in 40 of the 70 non-fatal cases. It was thus shown that endocarditis was associated with chorea independently of the frequent origin of the chorea in rheumatism, and when the nervous disturbance could be definitely traced to mental causes. Thus, while in rheumatic cases endocarditis often preceded the chorea, it was equally evident that chorea in other circumstances preceded and caused the endocarditis. This duplex relation between the nervous and the cardiac disorder was discussed, with the conclusion that chorea was not in any way, either embolically or otherwise, a result of endocarditis, though often associated with it as having a common origin in rheumatism; while endocarditis was continually a result of chorea, set up possibly by the muscular irregularity of the heart and the mitral regurgitations thereby occasioned. In conclusion, chorea was regarded as depending upon a widely-spread hyperæmia of the nervous centres, not due to any mechanical mischance, but produced by causes mainly of two kinds, one being the rheumatic condition, the other comprising various forms of irritation—mental and reflex—belonging especially to the nervous system. Given the irritant, mental, reflex, or rheumatic, the course of the disease had been sufficiently traced in hyperæmia and its results. The spots of perivascular change were widely scattered through that large region which lies inferiorly to the cerebral convolutions, between the corpora striata and the lower part of the cord, the district of the motor and sensory as distinguished from the mental functions. The result, chiefly in muscular excitement rather than in paralysis or loss of sensation, was associated with the character of the lesions which were points of irritation rather than planes of sections, and calculated not so much to cut off as unnaturally to excite nervous function. In looking at the nature of the lesions, proceeding, as they do, from vascular distension to perivascular change, it was not possible but to connect them with those of a large group of nervous disorders, prominently with those of diabetes. In diabetes the changes are of similar origin and character, though usually seen at a later stage, and attended with more excavation. They are, however, somewhat differently disposed in the two disorders; in both they are widely distributed, in diabetes the stress falling upon the brain, in chorea upon the cord. Every period of life has its own region of nervous susceptibility: in childhood the motor; in adolescence the emotional; in advancing years the mental, and, coevally or nearly so, that part of the nervous mechanism which instigates glycosuria. Much the same mental impression may make a child choreic, a girl hysterical, or a man diabetic; and thus, both in external origin and in the nature, though probably not in the site, of the organic changes, we see resemblances and alliances between nervous disorders which in their symptoms betray little similarity.

Dr. BROADBENT said that, whereas Dr. Dickinson would define the pathology of chorea as a generally distributed hyperæmia of the nervous centres, and especially of the cord, yet he (the speaker) would rather localise it in the corpora striata. No mention had been made in the paper of derangement of sensation, which is often diminished to a considerable degree in hemichorea, and probably much lowered in the general form, since the patients often endured the formation of bedsores without apparent suffering. Then, in bad cases of chorea, there was often violent delirium, and this with a low temperature, and, in some cases, aphasia. All these variations showed a variability in the site of the hyperæmic condition. Hemichorea, which is perfectly parallel to hemiplegia, cannot be supposed to depend upon changes limited to one-half of the cord; moreover, the anæsthesia in these cases was on the *same* side as the chorea, and not on the opposite side, as it would be were the origin of the disease spinal. There was no increased reflex excitability in chorea. Then there were cases of hemichorea followed by hemiplegia. Dr. Dickinson's cases themselves showed that there was frequently a limitation of the most marked changes to particular regions. As regards the embolic theory, Dr. Dickinson seemed to have overlooked the fact that the embolism is capillary, and he (the speaker) remembered one fatal case of rheumatic chorea with delirium in which there was plugging of minute vessels of brain with decolorised clots. Too much stress had been laid upon the irregularity of the heart, which he thought was rather secondary to irregularity of respiratory action, and he could not see how such irregularity could give rise to endocarditis.—Dr. WEST, after eulogising the labours of Dr. Dickinson, thought that at present we were not in a position to establish, from pathological observation alone, the nature of a disease in which the mortality was so small as 1 per cent. He himself had only seen four autopsies. The conditions described were not peculiar to chorea; much the same changes were found in trismus of new-born infants; and, on the other hand, there were cases of chorea in which such appearances have not been observed. He questioned whether chorea could be fairly considered as rheumatic independent of the cardiac disease, and he would rather connect the chorea with the endocarditis than with rheumatism. Rivière had drawn attention to the fact that whereas in Geneva rheumatism was frequent, chorea was rare. The very frequent association of endocarditis with rheumatism must be borne in mind. Occasionally, too, chorea is followed by rheumatism. Then, even in slight cases of chorea, there was sometimes long-continued mental enfeeblement long after the cessation of the choreic movements.—Dr. HUGHLINGS JACKSON said that although doubtless

Dr. Dickinson's able paper would draw away many from the view that embolism was the cause of chorea, he himself still maintained that view. In two cases he had found emboli in the small arteries, but it was right to add that he was aware of two other cases in which no such lesion was found. Dr. Bastian had found plugging of small arteries (which he attributes to thrombosis) in the corpus striatum in three cases. He thought that the pathology of chorea was still an open question, and was glad to find Dr. West expressed the same opinion. But there were many arguments in favour of embolism. Thus it is the very process which could cause that unstable or excitable condition of the nervous system present in the disease. There were constant nervous discharges, showing that the nervous tissue was intact, and even more active than in health. Now embolism, it is known, leads to a hyperæmia, so that more blood was supplied to the nerve-cells. Thus, "red softening" was due to embolism, and the appearances of red softening could be produced by the injection of tobacco seeds into the carotid, as had been done by Prevost and Cotard. This increased vascularity could be well seen in retinal embolism, so that the process of embolism would lead to changes similar to those described by Dr. Dickinson. Passing to the question of *fright*, Dr. Jackson said it must be considered as an exciting cause in a subject already predisposed. Surely the great frequency with which chorea was associated with rheumatism and endocarditis favoured the view of embolism, just as it would in a case of hemiplegia occurring in a young adult without loss of consciousness. Chorea in adults was frequently met with in pregnancy, a condition favourable to thrombosis. The clinical objection raised by Jaccoud and Anstie, that *left* hemichorea was more frequent than *right*, was not a serious one, since other observers had reversed this relative frequency. The prompt recovery from chorea had been advanced as against the embolic view; but did not patients with severe hemiplegia, depending on widespread lesion in the brain, often recover promptly and almost completely? This recovery he had before explained on the "principle of compensation," which had been recently invoked by Carville and Duret to explain the absence of paralysis after removal of certain motor centres in the brain, and Charcot had used the same explanation in a case of recovery from hemiplegia. The resemblance of hemichorea to hemiplegia was very great, both in the order in which the various parts were affected and in which they recovered, and there was defect in talking (aphasia) in right-sided chorea. That the face was affected first negatived the seat of origin being in the cord. He would, however, state a few of the facts that had been advanced in opposition to the views he held. Dogs are liable to chorea, and several independent observers have noticed that if the spinal cord be divided *above* the choreal limb of a dog the movements still persist. But it must be remembered that in the dog it was probable the centres of voluntary movement extended lower down than in man. The changes described by Dr. Dickinson were not inconsistent with the theory of embolism. In chorea the seat of the lesion was probably in the corpus striatum—the chosen spot for embolism.—Dr. DICKINSON briefly replied, pointing out that there were certain spots both in the brain and cord which were specially and constantly affected; that the symmetrical distribution of these was a strong argument against the embolic view. He also affirmed that he had examined the vessels in a recent state, and had failed to find any minute emboli; and these, if present, should by reason of their minuteness be widely diffused. Further, chorea will occur independently of heart affection.

CLINICAL SOCIETY OF LONDON.

THIS Society met on the 8th inst., Sir W. Jenner, K.C.B., President, in the chair. At the commencement of the proceedings the President laid upon the table a copy of the Society's Transactions, vol. viii. The papers read were not productive of much discussion; they included a lucid description of a New Form of Iridectomy by Mr. B. Carter, the Notes of a Case of Idiopathic Tetanus by Dr. Southey, and contributions to Antiseptic Surgery from the hands of Mr. Callender and Mr. Pick.

The first paper read was by Mr. BRUDENELL CARTER upon the "Operation of Iridectomy as performed for Optical Purposes." Mr. Carter said that he had brought several patients for exhibition to the members of the Society, in whom he had performed an operation for admitting light into the eye in cases of leucoma, central opacity of the lens, &c., where the ordinary operation, as performed for the relief of tension, is unsuitable, because of its leaving too large a gap, and thus admitting a superabundance of light to the retina, and also because of its leading to spherical aberration by uncovering the margin of the lens. Even when a very small portion of the iris is excised the artificial pupil is still too large for good vision. The principle, then, of the modified operation is to make an incision outside the corneal margin, and to incise the iris from within outwards, leaving the outer rim of the iris intact. In that way a V-shaped pupil is formed. At the International Ophthalmological Congress held in London in 1872, Mr. Bowman advocated a similar operation, which he performs by introducing a small knife, shaped like a spatula, sharpened on one edge, through a puncture made by a broad needle opposite the intended pupil; then, turning the edge forwards, he incises the pupillary edge of the iris, cutting against the cornea. A small incision into the posterior surface of the cornea might be made, but is unimportant; there is, however, great risk of cutting the capsule of the lens. Bowman's operation has been modified by M. Wecker, who calls it "iridotomy," in which he uses a pair of scissors furnished with forceps-handles and blades like Bowman's knife. Introducing the scissors into the anterior chamber as in Bowman's operation, M. Wecker passes the scissors across the pupil, then slightly opening them, so as to enclose the iris between the blades, the pupillary edge and circular fibres are divided, and the scissors withdrawn. But the risk of injury to the lens is greater in this operation than in Bowman's. Mr. Carter has, therefore, adopted a further modification, by which this risk is obviated. Using Wecker's scissors, he makes a small incision in the sclero-corneal junction as far back as possible, and *on the same side* as the intended pupil. The closed scissors are then introduced as far as the pupillary margin, and the iris rising up (as it always does in iridectomy) is caught, by a turn of the instrument, between the scissors-blades, and a very minute portion, of a triangular shape, excised. Mr. Carter stated that he had now performed the operation on thirty eyes (two single and fourteen double operations). To avoid injury to the lens, the ends of the scissors are directed towards the cornea. In one or two of the earlier cases there was slight tendency to prolapse of the iris; and at first he used fine iris-forceps to remove the excised portion, but latterly he has removed this with the scissors. The advantages of this operation consist in (1) a single instrument being used for the excision after the preliminary puncture; (2) the iris being incised *in situ*, and therefore not seized or bruised in any way; (3) there being no difficulty in regulating the breadth of the piece removed, and therefore the size of the new pupil. As an operation for the relief of tension it is valueless. The paper was illustrated by diagrams.—In answer to Mr. NORTON, Mr. CARTER said that the cases selected were not those necessarily with any retinal affection, but they were all severe cases.—Mr. SPENCER WATSON thought that there would be less disfigurement if the direction of the pupil passed upwards and inwards, and not downwards as in the diagram.—Sir W. JENNER pointed out that the object of the paper was rather to show the mode of operating than the situation of the pupil; a statement which was confirmed by Mr. CARTER, who said that the pupil might be made in other situations if necessary.

Dr. SOUTHEY then read notes of a "Case of Idiopathic Tetanus." The patient, a railway ticket-collector, twenty years of age, began to suffer on June 16th with pains in limbs, stiffness in back, and inability to open the mouth. Two days previously he had got wet through. On the 17th he had an attack of opisthotonos, which recurred two or three times a day up to the 28th, when he was admitted into the hospital. He had been taking chloral and stimulants. He was a well-nourished, muscular man, and when

admitted had a slight risus sardonicus; could only open the jaws by an eighth of an inch; the neck muscles were stiff, those of abdomen flaccid. He could not move arms nor legs, and had much aching pain in back and calves of legs. General hyperæsthesia. Mere exposure of surface to air provoked opisthotonic spasm. Temperature 100° F.; pulse 120. Was ordered calomel and opium, and a draught containing a drachm of bromide of potassium with ten grains of chloral, to be taken every three hours; no stimulants. There was constipation, a large amount of phosphates in urine, but no albuminuria. On the next day (29th) the temperature was 99·2°, and pulse 94. He had five attacks of opisthotonos between 3 P.M. and 8 P.M., each spasm lasting about five minutes, accompanied by profuse sweating. He was then prescribed two drachms of succus conii with half a drachm of the bromide every three hours, and his bowels were opened by enemata. The attacks remitted till 8 A.M. next day, when they recurred with violence, and were accompanied by much pain. On this day he was swathed in flannels and poppy fomentations, which were ill borne, and were replaced by a tepid bath every night. Improvement dated from July 2nd, and on the 8th he was quite recovered. Dr. Southey remarked that the opisthotonos was as severe as in traumatic tetanus. The decline of the disease was, like the invasion, gradual, the muscles of the neck, which were the first to be affected, being also the first to assume the normal state. The bowels first began to act on the remission of the symptoms, and this Dr. Southey thought was of importance, the return of peristalsis being regarded as one of the earliest evidences of the declension of the disease. When admitted the patient was restless and excited, evidently suffering from the effects of chloral and alcohol. He improved under the bromide and conium, and Dr. Southey referred to the action of the salt upon frogs, producing cutaneous anæsthesia. Wood records sixteen cases of tetanus treated by bromide of potassium, of which nine were traumatic and recovered; while of the seven idiopathic two only were fatal. The conium, too, is known to diminish or destroy the conducting power of the motor nerves, so that both drugs probably combined to restore the normal state.—Sir WM. JENNER pointed out that the date at which the drug was first commenced—viz., the twelfth day of the disease—was late, and near the termination of ordinary cases, which was stated by Dr. Southey to be fourteen days, although some cases were fatal in the third week. Sir William also pointed out that the quantity of succus conii given was small in comparison to the large doses used by Dr. J. Harley with impunity.—Dr. CAYLEY mentioned a case of severe spasmodic torticollis which had been recently under his care, in whom two ounces of the ordinary hospital preparation of the succus produced no effect; and to produce the full effects of the drug, two ounces given in increasing doses up to two ounces and a half of the succus specially prepared were requisite.—Dr. JULIAN EVANS stated that Ambrose Paré records a case of tetanus successfully treated by a warm bath, in which the patient was kept for fourteen days.—Dr. BURNEY YEO thought that the author had done scarcely sufficient justice to the value of purgatives, which might be of value in the same way as counter irritation was useful; and he recalled a case in which hypodermic injection of chloral was employed, with the result that the spasms were cured as the seats of injection suppurated and multiplied. The patient, a boy, had his body covered with scars.—Sir W. JENNER said that here, again, it was of the utmost importance to know the date at which the remedial measures began to take effect, as the apparent benefit following them might be really due to the natural course of the disease; and Dr. YEO said that he hoped to bring the case before the Society.—Dr. SOUTHEY, in reply, said that the temperature was never very high, which showed it to be a mild case. Although he had tried it with bromide of potassium, he would feel sceptical as to the efficacy of any single mode of treatment in every case. He certainly did not think purgation of value, and thought that the great object was to keep the skin from exposure to cold and external irritants; and if the bromide does indeed diminish the irritability of the spinal cord, the *rationale* of its use was manifest.

A short paper, communicated by Mr. CALLENDER, was then read by the Secretary. It was entitled "Experiences with Salicylic Acid." The author had tested the value of this antiseptic in many cases of surgical wounds and injury, and a variety of preparations had been employed, the most frequent of which was an aqueous solution (one in fifty) with phosphate of soda, a solution in olive oil (one in fifty), and an ointment. A preparation of the acid with mastic and spirits of wine was also used. A brief outline of seven cases was given. (1) Free incision for disease about the hip; wound washed out with salicylic acid in spirit, and on the eleventh day dressed with the ointment on Japanese paper. A vesicular eruption followed. (2) Caries of metatarsal bone of great toe; washed out with the acid. Caused considerable local irritation. (3) A wound which, dressed with the acid, took long in healing, and surrounding skin became seat of vesicular eruption. (4) Similar to (1), the effect of the acid being to produce some constitutional disturbance as well as local irritation. It was replaced by carbolised oil. (5) Excision of elbow; wound washed out and dressed with acid. (6) Lacerated wound of forearm; first treated with carbolic acid, and then with salicylic. (7) Operation for relief of neuralgia. These latter cases healed fairly well. Mr. Callender concludes that salicylic acid is of value because it is free from odour, because wounds heal under its influence and usually without local pain; but that it acts as an irritant and gives rise to constitutional disturbance when the solution used is over 2 per cent. in strength. It gives rise to more discharge than carbolic acid does, and repair of wounds is not so rapid under its use. It is then inferior to other antiseptic agents now employed.—Sir W. JENNER related the case of a lady who had an extensive burn, which was dressed with salicylic acid. Soon afterwards a scarlatinoid rash appeared, and faded on the dressing being left off, but returned when this was renewed. At the same time there was much constitutional disturbance. The acid was effectual in destroying the fetor.

Mr. PICK read notes of a "Case of Extensive Wound of the Knee-joint, treated antiseptically." The patient, a sawyer aged eighteen, wounded his left knee with a saw, dividing the patella longitudinally and grooving the end of the femur. The halves of the patella separated widely, exposing the joint. The wound was sponged out with carbolic acid, and, the edges being brought together with catgut suture, the wound was injected with carbolic lotion (1 in 40). Several layers of carbolised lac plaster were applied, and the limb supported in a cradle. There was some febrile reaction, and on the third day the dressings were renewed under the carbolic spray. There was little or hardly any discharge. There was effusion into the knee-joint, which subsided rapidly. Progress was slow, somewhat delayed by burrowing of pus behind the leg. The discharge was very free and copious, but always inodorous. The patient was discharged in July, 1872, about four months after the accident, anchylosis having taken place. He was seen in May of the present year; there was firm bony anchylosis. Mr. Pick remarked upon the usual statement that compound fracture of the patella offered no resource but amputation; but Mr. Poland had given a more encouraging opinion. Certainly in the present case the man was better off with a stiff joint than an artificial leg, and, besides, he had not run the risks of amputation, which were greater than those of conservation. Mr. Pick concluded by pointing out the value of Lister's antiseptic method in such cases, and expressed his full confidence in it.

The hour for adjournment having arrived, the discussion on the papers of Messrs. Callender and Pick was postponed until the next meeting.

THE MEDICAL SOCIETY OF LONDON.—The Fothergillian Gold Medal, value twenty guineas, is offered annually for a dissertation on some subject connected with Medical Science, for which the learned of all countries are invited to become candidates. The subject selected for competition in March, 1876, is on "Cataract and its Treatment"; for March, 1877, on "Pyæmia." Essays, which must be in the English or Latin language, and not in the handwriting of the author, must be delivered to the Registrar, at the Society's house, on or before Nov. 1st preceding. With the dissertation must be delivered a sealed packet, having a motto or device on the outside, and within the author's name and designation. The same motto or device must be inscribed on the dissertation. The successful essay becomes the property of the Society.

Reviews and Notices of Books.

Cyclopædia of the Practice of Medicine. By Dr. H. VON ZIEMSSEN. Vol. X: Diseases of the Female Sexual Organs. London: Sampson Low and Co.

THE physiology of the organs of generation in the female is still an obscure subject. From the time when the law of spontaneous discharge of ova was enunciated and established, and when the formation of the decidua vera from the mucous membrane of the uterus was proved by observation in histology, to within the last three or four years, little or no progress had been made in this branch of science. During the same period, the advances made in the pathology of the organs were few and small; indeed, with the exception of those made in our knowledge of the formation of ovarian cysts, they have been almost entirely limited to morbid histology. On the other hand, observations made at the bedside in the diseases of the sexual organs have multiplied rapidly. Workers have been numerous, and the number of facts gathered together under this head is very great, far in excess of the number of those in the corresponding branches of physiology and pathology. For this reason the views held on various subjects in connexion with the diseases peculiar to women are very different and even opposing, and this diversity of opinion will continue to prevail until further researches into the physiology and pathology of the organs shall have elucidated many points which are now the subject of mere conjecture. For the same reason it is not possible, in the present state of our knowledge, to give a full and systematic account of the disorders of the female organs of generation except from a clinical standpoint.

The work before us opens with a chapter on "Gynæcological Examination," which is one of the best written on the subject. The value of the various means of exploration are well given, especially that of the sound, the bimanual method, and examination through the rectum. The use of the sound has been properly limited, and accurately defined, and the bimanual method has had assigned to it the prominent place it demands.

Malformations of the vagina and of the uterus are treated of in a full and clear manner, and this part of the work leaves nothing to be desired.

Flexions are treated of briefly, though the author assigns to them a very important position in the disorders of the female organs of generation, for he goes the length of treating such displacements even when they present no symptoms. The etiology of anteflexion is summed up as follows:—"Anteflexion occurs in multiparæ as a congenital excess of a physiological state; it also occurs in women who have borne children when, in a normal or relaxed state of its tissues, the uterus is exposed to any great and repeated increase of the abdominal pressure." Reposition of the displaced uterus should be done by the hands alone, but should this be found impossible, the use of an "intra-uterine pessary" is recommended. This is a stem with a knob at one end. The stem introduced into the uterus converts the flexion into a version; the knob is then, in retroflexion, pushed back towards the sacrum so as to carry the fundus upwards. This is similar to Sims's method, with the exception that the hand is used as a handle. It has the further advantage in the hands of Schroeder, who favours the use of stems in the treatment of flexion, that the instrument used for reposition serves as a pessary; for, having reduced the malposition, he leaves the stem in the uterus, and maintains it there by pledgets of lint. He regards the above method as "very efficient," and "not particularly dangerous." At the same time he admits that a relatively small part of flexions can be so treated, but adds that the displacement, as such, in the majority of cases, does not admit of permanent cure.

Our author adopts Waldeyer's view of cancer, regarding it as an epithelial growth of local and not constitutional origin, the varieties of the neoplasm depending on the different proportions of epithelial and connective tissues entering into its composition. He points out the difficulty of recognising cancer in its earlier stages, as well as the fact that the disease is generally in an advanced condition—frequently ulcerated—before medical advice is sought; consequently that the period for attempting a radical cure has passed, as a rule, before the diagnosis is made. When, however, the affection is recognised in its earlier stages, an attempt should be made to remove it entirely. This should be done by the galvanic cautery or the wire écraseur, but never by the chain écraseur, inasmuch as the latter is liable to drag into its grasp too much of the neighbouring tissues, and thus lay open the peritoneum. When the above instruments are inapplicable, the sharp scoop should be used, after the manner of Simon. The knife and scissors should be avoided, as the patients cannot bear the loss of blood which accompanies operations performed by these instruments. After the removal of the growth the actual cautery or some caustic should be freely applied. Of the latter, Shroeder favours an alcoholic solution of bromine, which he believes has a specially destructive action on the "epithelial nests."

The views of Shroeder on hæmatocele are more or less known in England. He says: "True hæmatocele is produced by a free hæmorrhage into the cavity of the abdomen only when the blood is derived from some spot deeply situated, and when the hæmorrhage is slowly continued or repeated at intervals." The pathology of this affection, as well as that of many other uterine diseases, is still doubtful. We do not think there is any advantage in limiting the term in this manner, inasmuch as it expresses symptoms only, and not a disease. Besides, there are other conditions not included in the definition which give rise to similar symptoms, and clinically it is impossible to distinguish them.

The clinical part of the work is not so full as we would wish or expected. The pathological part is much more satisfactory. The author has throughout the work confined himself to stating his own views, not even hinting at the existence of others. In a work of such pretensions as Ziemssen's Dictionary of Medicine we cannot help regarding this as a very great drawback, for any work pretending to treat fully of the diseases peculiar to women must, in the present state of our knowledge, not only state the views held by the author, but discuss others; for, as we remarked above, diversity of opinion must, in the present state of pathology and physiology, prevail on many important matters in connexion with the diseases of the female generative organs, and the views of any particular author alone can represent the subject but very imperfectly. Further, the work lacks in details. We know that the success of a physician greatly depends on minutiæ; especially is this the case in operations and their after-treatment. In this work these helps to success are, in our opinion, passed over much too lightly. The treatise is written from a pathological standpoint, and the clinical part has consequently suffered.

The work of the translators has been, on the whole, well done. The greater part has been rendered into good and readable English. Some parts of it, however, are disfigured by too literal a rendering of the original, and by the introduction of newly and unnecessarily coined words, which, it is hoped, will not become current. We rise from the pe-

rusal of the work with a feeling that works recently issued from the English press still hold the highest position as treatises on the Diseases of Women.

The Student's Guide to Osteology. By W. W. WAGSTAFFE, B.A., F.R.C.S. London: J. and A. Churchill. 1875.

THE appearance of this volume is most opportune, and it should be in the hands of every first-year's student. The study of osteology, being the first that is encountered by the medical student, is too often made wearisome and uninteresting by the dry and bare descriptions of the bones in many of our anatomical text-books. Mr. Wagstaffe has most successfully combated this tendency to degenerate into bare enumeration of the named parts of a bone, of their muscles, and so forth. The plan of the work is a model of systematic arrangement. At the head of each description are placed the French and German synonyms of the bone about to be described, and the description that follows deals in order with the situation of the bone, its shape, the enumeration of its various parts, its articulations, its development, mechanism, and structure, terminating with a summary of the chief points of importance to be remembered about the bone. Many practical details are introduced, while at the end of the work a section is devoted to "bony landmarks," a most valuable addition to the book. One of the most striking features consists in the section on the mechanism and structure of the bone under review, which certainly adds greatly to the interest of the description, aided as it is by well-executed diagrams. Selecting at random one of these descriptions, which may be taken as an example of what is to be found in other parts of the work, we find under the Tibia the following account of its mechanism:—

"We observe, with regard to the tibia, that it has to support the weight of the body entirely, and hence is constructed mainly for strength. We notice that each end is pyramidal, the upper pyramid being inverted. Each of these is porous, while the intervening column is composed of a dense hard shell, and is prismatic in shape. The bone is curved for greater elasticity, and is moulded in a spiral form, which also adds to its power of resistance. The curve is seen at the junction of the middle and lower thirds, and it is here that the bone bends in rickets, and when the tie-rod or fibula is deficient, it is here that the tibia gives way. Diseases, also, such as nodes and necrosis, more often attack this than any other part of the bone."—p. 111.

Then follows an account of the internal structure of the tibia, showing the arrangement of the fibres of the cancellous tissue in the ends of the bone. In his directions for "placing" a bone, we notice that although Mr. Wagstaffe generally gives directions as to holding the bone in its position in the body, he always refers to some part of the bone as pointing to or from the side to which it belongs. We are a little sceptical as to whether this is the best way of teaching here, although it is certainly shorter than the other method—namely, a recapitulation of three of the surfaces.

The illustrations are most numerous and exceedingly well done. Every bone is fully figured in the plates, with which the work abounds, and the attachments of muscles are marked by red lines—the origins by continuous, and the insertions by interrupted lines. We cordially recommend the book to all teachers and students, who will alike find it to be a valuable guide.

New Inventions.

A FLEXIBLE CLINICAL STETHOSCOPE.

EVERY practitioner has occasion to feel often the need of a longer instrument than the ordinary stethoscope, and one which by its flexibility permits him to vary his position with relation to the patient. Arnold and Sons have produced a

flexible stethoscope which meets this want. (See figure.) Its novelty consists not so much in its length and flexibleness as in its ear-piece, which is made of well-polished vulcanite, and is so shaped as to fit the meatus of the ear. Moreover, the ear-piece has a small perforation on one of its sides, which is intended to prevent the air from impinging unpleasantly upon the membrane of the tympanum when the chest-piece is moved or first applied. On commencing to listen the perforation is to be closed with the finger. We are not clear that the instrument conducts sound better than the ordinary stethoscope, but its utility in certain circumstances of frequent occurrence is obvious.

NEW COMBINED SOUND AND SYRINGE FOR UTERINE PURPOSES.

A COMBINATION of uterine sound and syringe is a desideratum which has been found in use most convenient. The instrument of which we give an engraving can be used as an ordinary uterine sound; but when, as in many cases, it is desirable to introduce fluids into the cavity of the uterus, the combination will be found extremely convenient, inasmuch as the douche can be effected without the necessity of removing the sound. The sound is hollow, and has a bulbous extremity to facilitate introduction; it is perforated diagonally, so that the fluid flows in the reverse direction

and douches the entire extent of the uterine cavity. The instrument is very neatly constructed by Messrs. Salt and Son.

THE LANCET.

LONDON: SATURDAY, OCTOBER 16, 1875.

THERE is, perhaps, no question of practice or of theory that has received more consideration and attention alike from practical surgeons and medical theorists than that of antiseptic surgery; and there is certainly none that has received more varied or more conflicting answers. Almost everyone pretends to have given the subject a more or less full and careful consideration; but there are few who have entered upon the inquiry with a mind so perfectly free from bias that they could see things as they really were. It has been, and unfortunately still is, too common for those who undertake the investigation of the principles or the practice of so-called antiseptic surgery to assume at once, unconsciously it sometimes may be, the character of partisans. This person has faith in the theory on which the antiseptic system of dressing is based, and he ascribes all success to its adoption, and every failure he charges to the neglect of some detail; another may believe the theory, but fails to perceive any practical benefit from its application; others, again, while they are willing to concede that the practical advantages of the particular mode of dressing are great, reject the germ theory as not proven, and attribute the good results that are said to follow this mode of treatment to cleanliness or care, or, in fact, to anything but the special and peculiar nature of the dressings. There is yet another, and perhaps a larger, class of persons who, failing in the practice, have not been careful to discuss the theory. Many of the most successful surgeons of the present day have, after a trial more or less prolonged of Mr. LISTER'S plan, gradually given it up, and resorted to the older and well-established modes of practice on which experience has taught them that they may exclusively rely. How is it that the evidence of the special value of antiseptic surgery, which is, apparently, easily obtainable, is so conflicting? The answer is not far to seek. Mr. LISTER and his disciples are themselves to blame for much of the obscurity that overshadows this question, inasmuch as they have never yet openly and fairly met the challenges that have been thrown out to them to produce the statistical results of their practice for, say, five or six years past. From time to time isolated cases, or isolated sets of cases, very successful as far as they went, have been published in our columns and elsewhere; but a few cases here and there prove nothing, and may at any time be matched by similar cases equally successful in which the antiseptic mode of treatment had not been used. It has been very pertinently remarked that if the special merits of Mr. LISTER'S plan were really as great as they are alleged to be, they should at the expiration of eight or ten years have declared themselves with overwhelming force and certainty. If the antiseptic system were really all that it is claimed to be, not the shadow of a doubt of its immense superiority over every other system should now exist. But the reverse is the case. Notwithstanding the very able papers on the recent improvement in the details of antiseptic surgery which Mr. LISTER lately published in our columns, followed as they were by the demonstrations at Edinburgh at the meetings of the British Medical Association, there is less antiseptic surgery practised in the metropolitan hospitals than ever there was. There are even rival systems, apparently equally successful, which are founded on principles quite at variance with those on which Mr. LISTER'S method is based. Mr. LISTER does not exclude the air, but he attempts to exclude, or rather to destroy, all the organic particles which with his mental eye he sees darkening the air and infecting everything with rottenness and putrefaction. Dr. HUMPHRY, of Cambridge, on the other hand, has been very successful with his system of open treatment of wounds; and Professor SPENCE—Mr. LISTER'S colleague at Edinburgh—has had most enviable results in spite of persistently rejecting the antiseptic plan of treatment. Mr. CALLENDER, of St. Bartholomew's Hospital, has obtained brilliant results by means of cleanliness alone. It is, therefore, nothing to the point that Mr. LISTER and his disciples should make sweeping statements respecting the general merits of their plan of treatment. To convince the profession as a body they must descend to particulars, and show by means of statistics what their average results are. Unless this be done, and the benefits of the system demonstrated in a manner altogether beyond dispute, it is useless to expect that medical practitioners, whether attached to hospitals or engaged in private practice, will discard the older and simpler modes of dressing wounds in order to adopt a plan that is extremely complicated, expensive, irksome, and laborious.

On the other hand, in estimating the value of a particular mode of practice, we should not be too exacting and reject all evidence that is not absolutely unequivocal. The general impressions of men who have had large opportunities for observation are worth something, and there are surgeons of eminence who have alleged that by means of Mr. LISTER'S method they have obtained much better and more uniform results than they secured before they adopted it. Those who recently witnessed the demonstrations of Mr. LISTER and some of his colleagues could not have failed to be struck by the large number of serious cases that were doing well; but there were cases in the same wards that were doing as badly under the antiseptic treatment as they could be expected to do under any other plan of treatment. On the whole it may be doubted whether the average condition of the cases in the Edinburgh Infirmary at the time to which we refer was better than that of similar cases in many of the metropolitan hospitals. Oddly enough, there is at least one metropolitan hospital where one surgeon follows strictly and exclusively Mr. LISTER'S plan and the other surgeons as persistently reject it. Here, one would think, there is some ground on which to stand and view impartially the merits of the two modes of practice. What is the result? After the experience of several years, not to put too fine a point on the matter, it is found that the success of the antiseptic system is certainly not greater than that of the ordinary methods, and it is stated to be actually less.

It is worthy of remark that the results obtained under the antiseptic system have progressively improved with

every advance made in the mode of carrying out the details of the practice. The more thoroughly wounds are protected from the actual contact of carbolic acid, the more rapidly do they heal; and when we reflect on the serious imperfections of the early dressings compared with the minute refinements of the later methods, it is difficult to imagine how the results of that time could have been compared with those obtained by the ordinary means. Yet even those early attempts at antiseptic dressings were lauded as triumphs of modern surgery.

There is, however, another important department of practical surgery in which the antiseptic system is said to exercise a considerable influence. Mr. LISTER and his disciples allege that by regularly carrying out the principles of antiseptic surgery, pyæmia, erysipelas, and all the evils of hospitalism may be reduced to a minimum, if not altogether prevented. Testimony in confirmation of this statement has not been wanting either in this country or on the Continent. But even here the opinion of surgeons is not unanimous. THIERSCH, who is an ardent advocate of antiseptic surgery, has stated that, according to his experience, the frequency of erysipelas is not diminished by the employment of carbolic-acid dressings, and the same observer has now almost entirely discarded carbolic acid for the new antiseptic, salicylic acid, recently discovered by Professor KOLBE.

Until Mr. LISTER and his disciples can prove that the results of the antiseptic system are sufficient to compensate for the extra expenditure of money, time, and labour, it is certain that the minute details of antiseptic surgery will only be practised by enthusiasts who have time enough to devote to them. Whereas, if it can be demonstrated that the antiseptic system is immeasurably superior to the other modes of treatment, it will be the bounden duty of every conscientious medical practitioner to give it at least a fair trial. At a future time we shall consider some of the more recent developments of antiseptic surgery.

THE examination in the University of Cambridge last week, in so much of State Medicine as is comprised in the functions of officers of health, leads us to consider the degree of recognition which has been accorded to the great branch of Medicine which contemplates the prevention and obviation of disease rather than its cure. The University of Cambridge is entitled to much praise for the earnestness and liberality with which it has instituted this examination. Other universities have made arrangements for granting qualifications in State Medicine. But the arrangements are conceived in a less liberal and practical spirit than is displayed by the University of Cambridge. The University of Edinburgh has established a science degree in the Department of Public Health; but the candidates for it must be graduates in Medicine of a British university, or of such foreign or colonial universities as may be recognised by the University Court. Candidates who have not passed an *annus medicus* in the University of Edinburgh must, before presenting themselves for examination, have attended as matriculated students in the University at least two courses of instruction bearing on the subjects of examination. The University of Dublin has instituted a qualification in State Medicine; but candidates must be graduates of one of three favoured Universities—to wit, Dublin, Oxford, or Cambridge. The Universities of Oxford and Cambridge only give their certificates in Sanitary Medicine to their own graduates. In a larger and more liberal spirit than these excluding conditions imply, the Cambridge University has established an examination to which all registered medical men who have attained the age of twenty-four are admissible. It is gratifying to find that such liberal conditions seem to be appreciated, and that no less than twenty-eight candidates responded to the offer of the University; of these, twenty-six actually presented themselves for examination, of whom eighteen held degrees from British universities, and eleven were medical officers of health. The candidates came from various parts of the empire, including Scotland, Jersey, and the principal provincial towns. At least two were connected with the Medical Department of the Army. When we add that this number included several practitioners of acknowledged standing, of whom we may mention Dr. CARPENTER, of Croydon, we have said enough to show that the University is supplying a real want. The questions put to the candidates at this examination are before us, and seem to us to be thoroughly searching and practical. They contemplate fitness strictly for the duties of medical officers of health. They do not include such subjects as forensic medicine and the analysis of food, &c. Perhaps they do not embrace so much of the principles of physics and chemistry as the candidates were led to expect, but they cover the whole field of practical hygiene. Not the least valuable part of the ordeal to which candidates were subjected consisted in their being sent as Health Inspectors to different parts of the town entirely unknown to them, with instructions to make a Sanitary Report on them.

Speaking of the recognition of sanitary medicine, it occurs to us that there is one body which has not done what it might have been expected to do. We mean the Royal College of Physicians of London. Last year it got great and deserved honour for bringing under the notice of the Government, which may be said to have come in on sanitary principles, the lamentable condition of the houses of the poor, combining everything likely to depress and injure the health of the inmates. Nevertheless, in its recognition of sanitary medicine it has been rather backward. It has among its Fellows men of the highest rank in this branch of medical work—such as Dr. PARKES, Dr. GEO. BUCHANAN, and Dr. BALLARD,—to whom it might well entrust the duty of speaking in the name of the College. Year after year passes by, and the duty of delivering the stated courses of lectures in the College is assigned to various Fellows. But hitherto the Fellows who devote themselves to sanitary medicine have been overlooked. Probably this has been quite undesigned on the part of the College authorities. We submit that they could not do better in appointing lecturers than to select one or other of their Fellows who would speak with authority on the subject of State Medicine. Such an appointment would be as beneficial to the public as it would be creditable to the College. There is still a lamentable jealousy of medical men in State departments, notwithstanding the constant demonstration of the

evils which accrue to communities from neglect of the simplest truths in sanitary science. The very Acts of Parliament passed in stinted admission of those truths are rendered comparatively useless by the reluctant way in which medical advice is taken as to their application. Meanwhile epidemics stalk unchecked through the land. Last week over a hundred deaths occurred in London from scarlatina. Under such circumstances, the College of Physicians should give its most honoured chair to one of those Fellows who could speak to the profession and the public authoritatively on the preventable causes of disease. Such a course may fairly be expected from a body which claims to represent British medicine, and it cannot be long deferred without suggesting the criticism that the College does not fully realise the drift and scope of modern medicine. The Apothecaries' Society, in this respect, is in advance of the more pretentious institution in Pall Mall. It invited a distinguished sanitarian to discourse on *State Medicine* within its walls. Let us hope that the College of Physicians will lose no time in doing likewise.

THE Address delivered by Dr. RICHARDSON, as President of the Health Section of the Social Science Congress, on Monday last, is remarkable for the felicity with which he discourses on a trite but vital topic. With a view to epitomise and illustrate the main features of a sanitary ideal, the lecturer conceived and described an imaginary city so constructed and controlled as to secure the conditions most favourable to a low death-rate, an almost complete immunity from disease, and a state of social happiness approaching the highest degree of perfection compatible with the natural laws of human life. The treatment of this time- and word-worn theme was startling and suggestive. A population, numbering 100,000, was distributed in 20,000 houses over 4000 acres. Three wide main streets ran east and west. Beneath each was a subway, with railroad for heavy traffic. The cross and minor streets were wide and the houses low, so as to secure sunlight and general ventilation. Trees and shrubs were judiciously planted at the sides of the public ways. Gardens filled the interspaces between the backs of houses. Public buildings of all descriptions were isolated and surrounded by ornamental grounds. The streets were paved with wood set in asphalte—noiseless, cleanly, durable. No tramways were permitted, the underground railways sufficing for the traffic. The pavements were everywhere ten feet wide, and of white or light-grey stone; slightly inclined to the roadway, which was so inclined as to drain towards the margins of the pavements, but there were no "gutters." The surface was easily cleansed by washing the dirt into the subways, through side openings under the footpaths; and the model city had neither cellars nor kitchens underground. The houses were built of glazed bricks, so that no absorption of water took place, and ventilation was secured by transverse perforations. Fresh air, admitted at pleasure through openings in the outer walls, circulated freely through the tubular brickwork, being heated, when necessary, by passing around the fireplaces. Mouldy and poisonous wall-papers were entirely obviated by the decorative effect of the glazed bricks, coloured and arranged internally according to taste. The ceilings were turned with light arches of thin brickwork; the chimneys collected in central shafts, connected with a gas furnace to destroy the free carbon. The roofs, only very slightly arched, were covered with asphalte or flat tiles, protected with iron palisades and turned into flower gardens. The kitchens and offices were immediately under the roofs. On the second or middle storey of every house was a bath-room, properly provided. The bedrooms were the objects of special care—well lighted, spacious, and thoroughly ventilated, 1200 cubic feet of air being allowed for each sleeper, and all "unnecessary articles of furniture and of dress rigorously excluded; old clothes, old shoes, and other offensive articles of the same order never being permitted to have residence there." The houses were warmed by special air-chambers, behind the open fires—which were retained for the appearance of comfort. The sewers of houses ran along the floors of the subways, and were built of brick. They emptied into cross main sewers, and were trapped for each house. The waterclosets were situated in the middle and basement floors. A continuous water-supply rendered flushing easy and safe—that is, safe as regards the danger of poisoning the drinking water. There were no public-houses in Dr. RICHARDSON'S ideal city, the use of strong drink being unknown. The people had become total abstainers, and they did not smoke. "Pipe and glass," says the lecturer, "cigar and sherry-cobbler, like the Siamese twins, who could only live connected, have both died in our model city. Tobacco, by far the most innocent partner of the firm, lived, as it perhaps deserved to do, a little the longest; but it passed away, and the tobacconist's counter, like the dram counter, has disappeared." The habits generally of the resident population befit the commodious city in which they are so beneficently located. They carry on their industrial pursuits with cleanliness, and without noise or nuisance. The factories are either outside the town or perfectly innocuous. The slaughter-houses are a quarter of a mile from the city, and under minute supervision. The Jewish system of inspection has been adopted, with the improvement that the inspector is a man of science. Nor are the sufferings of the animals slaughtered disregarded; they are, in fact, entirely obviated. The victim is passed through a narcotic chamber, and becomes oblivious of his fate. The slaughter-houses are drained into the sewers, and purity and cleanliness rigorously enforced. Of course the water-supply is absolutely pure and filtered for drinking purposes. The dead are interred in a cemetery designed and conducted on scientific principles, with a view to ensure rapid decomposition.

The sanitary results likely to be achieved, by the application of science to the preservation of health and the removal of every preventable cause of disease, Dr. RICHARDSON conceives to be the extinction of infantile diseases, such as fevers, convulsions, diarrhœa, croup, marasmus, and dysentery. Typhus and typhoid fevers and cholera would be only accidental interlopers, instantly excluded; small-pox would be under control; diseases of low specific type would be unknown; those which commonly arise from cold and damp would be practically interdicted; deaths from privation and the evil consequences of drink would cease; parasitic maladies would be extinct; and, in a

word, the larger and nearly all the *produced* maladies to which gregarious human nature is exposed would be eliminated from the catalogue of social sorrows. A mortality of only 8 per 1000 would be the highest in the first generation living under these sanitary conditions and a scientific *régime*. In this picture of the imagination Dr. RICHARDSON has blended together the principal reforms which experience has shown to be desirable, and added some of his own devising. The disuse of stimulants and tobacco, with which the dwellers in Hygeiopolis are credited, is a crotchet it would have been better to leave out of the calculation. It is not yet regarded as an indispensable factor in the sum of health, and its introduction rather weakens than intensifies the force of the lesson it is desired to teach. It is only fair to Dr. RICHARDSON to notice that he does not, as many of our contemporaries suppose, give to "abstinence" the importance of an integral part of his scheme. He simply states the fact, and expressly guards the supposition that it was enforced. We repeat, it would have been judicious to omit it altogether. There are also defects of detail in the sketch, doubtless due to the necessity of touching the main points only, and even those lightly. For example, the lecturer does not explain how the dirt of the streets is to be "washed away every day through side openings into the subways and *conveyed with the sewage* to a destination apart from the city," without incurring the danger of a frequent or continual escape of poisonous gases from the sewers. The "side openings" suggested must surely allow vapours and effluvia to pass out of the sewers if they admit of the dirt being swept or washed in. The sewers are trapped towards the houses, but they cannot be trapped effectually in the streets if the dust of the roadways and pavements is introduced daily. Again, it is disconcerting to find that, while Dr. RICHARDSON is careful to place the slaughter-houses a quarter of a mile outside Hygeiopolis, he allows them to "drain into the sewers of the city." The needless introduction of putrefying animal matters into the sewers of a populated district would scarcely be a measure of hygiene! It was inevitable that many points of lesser moment should be overlooked in a sketch of the nature indicated. Nevertheless, we believe the ideal will serve a useful purpose. The conception may be Utopian, but, as Dr. RICHARDSON observes, Utopia is only another word for time, and it is well to have an object or standard of excellence towards which to work. The outline—so far as it deals with principles of construction; with provisions for the supply of pure water, good and wholesome food, pure gas, and an uncontaminated atmosphere; with measures and appliances for the care and isolation of the sick, for the protection of linen and clothes in public laundries and workshops let out on hire, for the avoidance of nuisances, for the relief of distress without pauperising the poor or removing them from the class of bread-winners, and for the cure of some of the worst evils incident to life in crowded cities,—is a contribution of great value to the cause of sanitary reform. It gathers into focus the scattered rays of light which have from time to time been cast on a subject of vital and daily growing interest; and the eloquent address of which it forms the summary is one which eminently deserves the thoughtful perusal of all classes, and of none more earnestly than the profession whose highest glory consists in showing the world how to prevent—while itself labouring for the cure of—disease.

OUR weekly contemporaries have something to say on the recent "Introductories." The *Saturday Review*, in a thoughtful article, indited in a spirit of fairness, discusses the general condition of medical education, and the opening addresses, with frankness and moderation. The conclusion reached is, on the whole, favourable to the prestige of the profession and its teachers, and satisfactory as regards the status of pupils, the opportunities of study and usefulness they enjoy, and their social and general prospects. The *Examiner* is neither so cordial nor so complimentary. It takes up the position of a candid friend, and, in the most friendly fashion possible, it contrives to offer some of the least agreeable remarks and criticisms we remember to have fallen from friend or foe. It confesses that "the professional tone of medical men has distinctly risen in our own time, and by dint of more stringent supervision the doors of the profession have been closed upon ignorance and quackery." Even more significant is the admission that "no professional credentials are more trustworthy than those of the young doctor. By the fact of his qualifications we can be more certainly assured of his possessing a minimum of capacity and knowledge than we can be in the case either of a clergyman or a lawyer." After so consolatory an observation, it is at once surprising and disheartening to be told that, whereas "nothing can be more meagre than the professional training of a clergyman or a lawyer, yet, regarded as a liberal profession, Medicine is notoriously inferior to the Church and the Bar." There is a weak point in our contemporary's argument, for he acknowledges that Medicine "has as its basis the whole region of physical science, with its magnificent discoveries and its inspiring methods." The sum of the matter is simply this: the profession is liberal; it has within it "the elements of a liberal education," but, confessedly, the indispensable need of preliminary education has not in times past been adequately recognised or enforced. We scarcely think the education of medical men is inferior to that of members of the clerical or legal professions. But we have no wish to seek excuse for our own shortcomings in the faults and failures of other professions with which the medical may be arbitrarily compared. We believe there has been an unnatural estrangement of Medicine from the older universities. As the *Examiner* puts it, "the old universities have grievously neglected their duty towards an important profession." Thus far we are with our censor; but he goes a length wholly unwarranted when he asserts that "the London medical system" is "a mistake." The system adopted at our medical schools may not be perfect. It would doubtless be better if it were more collegiate, and if the discipline and social training of a resident university could be combined with the special advantages of a technical school. But the concluding sentence of the *Examiner's* article is the bitterest of all: "Probably no profession or trade in the world makes so little use of its best opportunities." We are prepared to accept any reasonable amount of censure in a spirit of meekness and teachability; but this parting shot is a little

wild. It is true we may be too much engaged with the practical aspect of our profession. The general tone of recent addresses, unfortunately, gives some colour to this remark; but Medicine has been lately engaged in a struggle for social and a political recognition which is not yet secured. When the absorbing questions raised by the creation of a system of State Medicine are settled, if anything more can be done to raise the status of the student seeking admission to the scientific profession of medicine, consistently with a due regard to the exigencies of the technical pursuit—such special requirements as are found to limit the choice of recruits for the scientific corps in all services,—our lay contemporaries may rest assured no pains will be spared to attain that object; for the end to be gained is not less dear to the profession than to its critics, friendly or supercilious.

Annotations.

"Ne quid nimis."

THE ROYAL COLLEGE OF SURGEONS.

AT a special meeting of the Council of the Royal College of Surgeons, held on Wednesday last, Mr. Erichsen was elected a member of the Court of Examiners in the vacancy occasioned by the resignation of Mr. Henry Hancock, and Mr. Le Gros Clark and Mr. Savory were re-elected to the Court. This election, as we pointed out last week, is a triumph in several respects. It shows that the College has at last been roused to participate to some extent in the spirit and enterprise of the times. In the general satisfaction that will be felt at Mr. Erichsen's election to the Board of Examiners, it must not be forgotten that this election involves a principle of the first importance to the profession. Mr. Erichsen has accepted an examinership on the distinct understanding that the examiners in surgery and surgical pathology will henceforth be distinct and separate from those in anatomy and physiology. It may therefore be confidently expected that the alteration will at once be made. The arrangement has, we believe, already met with the approval of most of the examiners, some of whom will be heartily glad to be freed from the responsibility of examining in anatomy and surgery. It is for this that we have so long contended.

STRYCHNIA AS A "PICK-ME-UP."

BEFORE the Norwood case drops out of memory, it may be desirable to point the moral of the dismal tragedy. The use of strychnia (the active principle of nux vomica) as a restorative is, it is to be feared, by no means uncommon. It probably forms an ingredient in many of the mischievous compounds known as "pick-me-ups," and is taken and administered by unprofessional persons with a recklessness perfectly astonishing when it is remembered that the drug is one of the most potent and dangerous poisons in use as medicine. Harm has been done by the lay-reading of such passages as the following, which we quote from Pereira's "Materia Medica," a book, like all valuable works of its class, intended for the use of medical readers exclusively, but which, falling into unskilled hands, and being consulted, as many weak-minded persons consult a "Domestic Medicine"—much as they repair to a cookery-book,—may be infinitely harmful and perilous:—"I have seen nux vomica very serviceable in shaking or tremor of the muscles produced by habitual intoxication. A gentleman thus affected, who had for several weeks lost the power of writing, reacquired it under the use of this medicine." Acting upon a statement of this kind, chemists and laymen have dared to play with the drug, and the consequence has been a perpetual risk of misadventure like that which recently occurred at Norwood. There is not the slightest reason to suppose the poor inebriated fool who poisoned a woman the other day cherished a thought of committing murder. He simply played with a weapon he had not the power to use, and being more than commonly foolish on a particular occasion, poisoned the person he meant to cure. The lesson to be learnt from the incident is that the use of drugs by people not acquainted, first with their nature and properties, and then with the nature and functions of the organism it is designed to treat, is *always* perilous. The practice of handing about prescriptions and recommending medicines which have been found serviceable in a particular case to other persons *supposed* to be suffering from the same malady, but to whom the "valuable remedy" may prove so much poison, is fraught with extreme danger, and ought to be deprecated quite as strongly and generally as the not more childish practice of playing with fire. If the moral of the "Norwood mystery" is understood and appreciated, a calamitous episode may serve to illustrate, and perhaps put a stop to, a pernicious and reckless custom, which has often been denounced, but unhappily in vain.

ENCOURAGEMENT TO PUPILS.

THE art of administering encouragement, and offering a suitable incentive, to young gentlemen commencing the study of medicine, is not, it would seem, generally understood. Mr. Richard Davy, of Westminster Hospital, may claim to be the originator of a new system. It will require time to show how far the method is successful, but there can be no question as to its novel character, and unlikeness to the modes employed elsewhere. Mr. Davy cannot be accused of obtruding his discovery on public attention; on the contrary, he produced it under protest. The occasion was the delivery of an "Introductory" on the 1st inst., and Mr. Davy "disapproves *in toto* of introductory addresses." He conformed to the custom at the request of the Medical Committee of the school he adorns, but was quite sure "students and teachers would infinitely prefer one day's pheasant-shooting to hearing or giving an introductory." Looking to the sequel we cannot but commend the preference. "As a surgeon," Mr. Davy was considerate enough to promise he would "cut down this sermon from one hour to fifteen minutes," and he expressed a belief that his successor "might still further reduce the volume of these fruitless harangues." Mr. Davy is too modest. We should not be surprised to hear that his recent address at Westminster had borne fruit of a kind which the astute lecturer would much appreciate, and led to the abandonment of introductories at Westminster "*in toto*." The general views entertained by Mr. Davy on the subject of medical education are interesting and remarkable. He does not attach much importance to "elaborate teaching." A "self-reliant young man," Mr. Davy thinks, will find "his own efforts suffice to pull him through." "University residence and discipline" are, in Mr. Davy's opinion, to be "strongly insisted on," because the training implied begets "a healthy tone and life-long friendships," and young men are saved from making the acquaintance of "some interestingly repulsive specimens of shark (*squalidæ*), known as London landladies." On these high grounds, Mr. Davy concludes that if he had to "repass" his time he would "commence a course of study by graduating as a Master of Arts at Oxford or Cambridge." He is convinced that "it is by no means waste of time so to do, and much inconvenience of preliminary examinations is got over." Mr. Davy is quite right. If every student of medicine

would only commence his studies by becoming a Master of Arts, he would escape preliminary examinations; and if he got himself dubbed "Doctor of Medicine" before he began, he would find professional examinations also "got over," and generally avoid a world of "inconvenience." But why take this trouble to enter a profession which offers only the allurements Mr. Davy is able to hold out? "Hospital physicians and surgeons," says Mr. Davy, "are for the most part unpaid." This is really very extraordinary, considering that nearly all the appointments are purely honorary. Medical officers under the Poor Law and in the services are treated worse than they are paid, "and young practitioners are not paid at all." Probably this last circumstance may be explained upon the same hypothesis that accounts for the predicament in which young and briefless barristers are apt to find themselves. Mr. Davy personally has been fortunate. "For seven years' hard work at the St. Marylebone Dispensary" he "received one guinea." We regret that the lecturer did not explain how he became possessed of the coin in question. Was it for honorary work, or does it represent the balance of his receipts over his expenditure? Mr. Davy also, it seems, knows "a very distinguished London assistant-physician" whose "salary (!) equalled that earned by the man who put the skid on the 'bus wheels at Holborn-hill." Holborn-hill is not now extant, and we do not remember to have heard the salary of the man who put the skid on 'bus wheels there when the hill was still in existence. Nor have we any idea how much a very distinguished London assistant-physician usually receives as *salary*. It is too bad of Mr. Davy to excite curiosity on so many points and leave it unsatisfied. The picture Mr. Davy paints of his profession generally is so lugubrious that perhaps we ought not to be surprised at the terms in which his lecture closes. "In conclusion, let me firmly assure you that your prospects in life are most disheartening. Your toil and ambition may be equally great, but your pay and dignity will be equally small. You have to deal with an ignorant and proud people." The moral Mr. Davy deduces from this deplorable state of things is, that a young gentleman intending to enter the profession ought "to resign at once any and every thought of becoming a medical man unless he possessed three qualifications. First, independence; second, an aptitude for, and love of, the profession; third, the readiness to pay a heavy premium in this world for his prospects of reward in the next." The application of the insurance principle to the encouragement of young medical students is a stroke of genius in which the efforts of Mr. Richard Davy happily culminate. If the students at Westminster were not encouraged by this stirring address, possibly it will be wise not to repeat the effort for their improvement when the opportunity next comes round. We are of opinion that introductories may be made useful, but we doubt whether the course pursued at Westminster is the most promising.

MEDICAL OFFICERS OF HEALTH AND INFECTIOUS DISEASES.

AT the close of a somewhat discursive discussion, following the reading of a paper in the Health Section at the recent Social Science Congress, a resolution was passed recommending that the Council of the Association should consider the desirability of securing by legislative enactment that all cases of infectious diseases should be reported to the local medical officer of health. This resolution simply calls attention to what is now felt by medical officers of health to be one of the principal drawbacks to their usefulness. Until they receive early intimation of all cases of infectious diseases, they certainly are in a great measure powerless to control the mortality from epidemics. The question, however, which has to be solved is, who is to be bound by legislative enactment to report these cases to the medical officer of health? The resolution above mentioned in its original form recommended that medical men attending cases of infectious disease should be made responsible for reporting them to the medical officer of health, but this proposition was strongly opposed and was subsequently withdrawn, on the ground that it would be unfair to the medical profession, at the same time that it would not secure the reporting of those numerous cases which are not attended by any medical man. In cases of infectious diseases among cattle, the owners are bound under penalty to report the fact to the police, and it certainly seems anomalous that precautions pronounced by Parliament to be necessary for the safety of our cattle are not enjoined for the protection of human life. It appears to us that the occupiers of a house in which a case of infectious disease occurs, and relatives residing with the patient, might fairly be made responsible for transmitting this important and necessary information to the local medical officer of health.

THE PRINCE OF WALES'S TOUR IN INDIA.

THE Prince of Wales has started for his Indian tour, bearing away with him the best wishes of everyone in this country. Apart from sentiments of loyalty, which undoubtedly permeate all classes, and the political and social interests connected with one in his exalted position, the Prince of Wales exhibits many qualities and tastes which make him popular with Englishmen, because they share them. They can sympathise with his keen enjoyment of sport, his appreciation of the pleasures of change and travel, and they recognise a sense of spirit and broadmindedness in his desire to visit the vast and distant territories united together under British rule. It is natural that there should be a certain amount of solicitude as to the Prince's safety, and it is equally natural that a certain number of gloomy people should shake their heads, because gloomy persons are to be found everywhere, and they would have no *raison d'être* if they failed to perceive some cloud or other in every prospect. It is said, however, that life assurance offices do not altogether like the Prince of Wales's expedition to India. For our parts, we fail to perceive any adequate grounds for believing that the Prince will incur, as far as his health is concerned, any greater risks in visiting India than in remaining at home. The climate of India at the time the Prince will visit that country is as healthy as, if not healthier than, England, and we may be quite certain that those of his suite who are possessed of an intimate knowledge of that country and its diseases will neglect no precaution in guarding his health and in so shaping his journey as to avoid exposure to malarious localities and other places where any sources of danger may be apprehended. Dr. Fayrer, for example, in addition to the knowledge which he has derived from a long residence in India and an intimate practical acquaintance with the diseases incidental to a tropical climate, will unquestionably have at his command all the latest and most reliable information as to the sanitary condition of every portion of country included in the Prince's proposed route. We trust that neither matters of policy nor pleasure will tempt the Prince to prolong his visit, however, beyond what is considered the healthy season, but that his departure will be timed so as to avoid the risk and discomfort of the Red Sea in the homeward voyage.

Meanwhile, his Royal Highness was more fortunate in the weather he experienced in crossing the English Channel than those of his suite who preceded him on Saturday, for they had every opportunity of practically testing the effect and relative value of the alleged factors in causing

sea-sickness. Whether the lateral rolling or the up-and-down pitching movement, in which the abdominal viscera fail to accommodate their position to the precipitate descent of the rest of the body with the pitching of the ship, or whether the combination of all these movements, be most efficacious in causing sea-sickness, they should now be able to determine, if any of those who happened to suffer in this respect had mental power enough left under the circumstances—which we much doubt—to analyse their sensations.

MEDICINE IN THE "DAILY TELEGRAPH."

PUBLIC OPINION on medical subjects is always largely influenced by the lay press, which often fulfils a useful office in interpreting to the outside world the steps which mark to us the advance of our sciences. But it is important that no over-hasty generalisation, fraught it may be with uncalculated danger, receives the stamp of current circulation by its adoption in columns which are regarded by their readers as an unimpeachable authority, and great care should be taken to encourage as far as possible a wiser tone of thought on many subjects than at present prevails. We regret to have observed some neglect of these precautions in the leading columns of one of our daily contemporaries. The tone of two recent articles on medical subjects in the *Telegraph* has been to encourage some serious errors. A notice not long ago, accepting as unquestionable the alleged success of the hypophosphites in the treatment of phthisis, placed a remedy of most doubtful value before the public in a very misleading manner, and encouraged, by its tone and statements, that demand for specific remedies which at the present day finds little encouragement in scientific facts. A similar encouragement to popular error is to be found in a still more recent article on the subject of anæsthetics, in which the writer, in the *Telegraph's* most florid style, calls for the discovery of a "perfect anodyne which, without peril or after evils, would give us absolute control of this Devil of pain." On the moral significance of the expression we do not comment, but would remark that neither past experience nor present analogy gives us any reason to suppose that any anæsthetic will be discovered the use of which will be devoid of risk. No known facts suggest the probability that we shall ever be able to throw at will the nervous system into such a condition as to be insensible to the strong stimulus to which it is naturally so keenly sensitive, except by exposure to influences which will entail danger of permanent injury. Neither by anodyne nor anæsthetic can suffering be abolished with perfect impunity, and, in proportion to the interference with nervous function is, and always will be, the risk of immediate or ultimate damage. Our contemporary would have done more wisely in pointing out this clear teaching than in encouraging hopes which past experience and present knowledge alike forbid.

THE MODERN PHYSIOLOGICAL SCHOOL.

DURING the late Medical Congress of Brussels, M. Marey gave a conference at a clubhouse, kindly accorded for the occasion, for the purpose of exhibiting the various mechanical contrivances with which he gives mathematical precision to physiological research. The Professor will certainly be instrumental in reviving, with improved machinery, the ancient school of iatro-mathematicians. As regards this revival, M. Marey observed that, until within a recent period, every investigator built up a physiology of his own, arbitrarily assigning certain functions to individual organs. Now, however, modern physiologists chiefly rely upon the aid afforded by exact methods and accurate apparatus borrowed from physics and mechanics.

The audience were much struck and interested by the experiments brought before them illustrating chronography—viz., the measurement of motion through time and space. The apparatus, which we cannot describe here (see *l'Union Méd.*, Oct. 9th, 1875), is self-registering. Then came ingeniously constructed myographs, pneumographs, and cardiographs. An instrument by which the rapidity of the circulation of the blood can be accurately determined was subsequently shown, as well as one intended to register temperatures. If medical men will add to this some method of accurately curing disease, there will hardly be anything left to invent. As to the ear, an important aid has just been proposed by Dr. Weber Liel. This physician showed, at the Congress of Gräz, a very cleverly contrived ear microscope, which, with the ordinary sunlight, not only shows the membrana tympani enlarged fifteen diameters, but the normal and pathological movements of its different sections. These latter phenomena are made manifest by connecting the membrane with an india-rubber tube and a box, in which organ-pipes have been adapted. The sounds of the latter will indicate the force of the movements. Advantage is also taken of the reflected light afforded by starch dropped on the membrane.

FUNERAL REFORM.

THERE is one very remarkable custom in this country which remains unaffected by the changes of time. It is our funerals. Connected with these there is a thriving class who manage to survive all attacks on their order—undertakers. So imperious and tyrannical is fashion that few people have the strength of mind and character to deviate one hair's breadth from the usual course in the matter of a funeral. There is no need to warn undertakers of the danger attaching to a condition "when all men shall speak well of you," for they are a long way from having attained that perilous position. Still, if people abuse, they are all compelled to use them. Poets, satirists, and novelists have depicted "the mockery of woe" of our modern funerals, and laid bare its cruel shams; but, somehow or other, the world is content to go on with practices which are revolting to common sense and opposed to Christian sentiment. There are a good many sensible people in the world who would gladly welcome the cremation, the "earth to earth," or any other system which would rid society of the very ugly, dismal, and expensive mockeries connected with funerals as they are conducted in this country. At the late Church Congress in the Potteries several influential members of the clergy and others discussed this subject of "funeral reform," and it is certainly time that something was practically done by way of abolishing a host of things which are a grievous burden to needy but respectable people, and a source of worry and annoyance to all. The reform must proceed from above downwards—from the upper, aristocratic, and educated classes, before it can reach the lower and less educated. To say nothing of the present system of funerals being opposed to the spirit of Christianity, and utterly unworthy of people professing to be sincere believers in its tenets, much of it is unmeaning. As the Rev. Dr. Collis urged, would any man of common sense explain what "was the use of mutes, except that in funerals, as in grammar, they invariably suggested the accompaniment of liquids. What was the use of pages, except that they suggested pages of the ledger which they would have to pay for? Why should the horses be made such guys of? What did particular plumes mean? Why were certain of these carried by a page on a triangular tray? Would anyone say why these funerals were so dismal?" The present ugly custom extends from the house to the grave, and back again. Scarves, streamers, weepers, hatbands and gloves,

mutes and mourning coaches, are the concomitants of a funeral in the present day; and sometimes these are provided from a feeling of ostentation, sometimes out of a sense of respect and affectionate regard for the dead, and in order that the deceased shall have a funeral equivalent to his rank or position in society; and, very generally, because the survivors at such a time have not the strength of mind or moral courage to withstand the dictatorial suggestions of the undertaker. Medical men and clergymen have the opportunity of estimating the effects of all this in many instances in impoverishing the family at the very time, perhaps, when there is most need for economy. Then the practice of supplying refreshments at the house from which the funeral starts is, in the case of the upper classes, an unnecessary and unfeeling infliction on the household, and in the case of the lower it is sometimes even demoralising in its tendency. Who has not seen, too, the returning hearse pulled up before a public-house, whilst the men in sombre garments were refreshing the inner man? It is not unnatural, of course, but it is an unpleasant sight. What is wanted is that all who view these matters as we do should set the example of having funerals conducted with the utmost economy and simplicity consistent with decency.

ADDITIONAL REMUNERATION TO REGISTRARS OF BIRTHS AND DEATHS.

UNDER Section 31 of the Births and Deaths Registration Act, 1874, an additional remuneration was granted to registrars of births and deaths, which it is estimated will cost the country about £10,000 a year, and be equivalent to an annual gratuity of £4 10*s.* to each of the 2194 registrars who make as many as eighty entries of births and deaths during a year. There are, however, a considerable number of registrars in thinly populated parts of the country, whose districts, although of very large area, yield far less than eighty entries in a year. Section 29 of the original and principal Registration Act (6 and 7 William IV.) sanctioned the payment by the guardians out of the rates to the registrars of two shillings and sixpence for each of the entries of births and deaths made in every year; the remaining entries being paid for at the rate of one shilling an entry. By the recent Registration Act every registrar is entitled to half-a-crown for the first twenty entries made in each quarter, instead of for only the first twenty in each year. This, as we have stated, is in the majority of cases equal to a gratuity of £4 10*s.* per annum. In order, however, that this additional remuneration should not form a further charge upon the local rates, it is provided that the amount paid by the guardians to the registrars on this account may be repaid to them annually out of a Parliamentary grant for the purpose. This repayment will only, however, relate to three quarters of the year, as the extra payment for the first twenty entries in the first quarter of each year was by the original Act defrayed out of the rates.

SURFACE DRAINAGE.

THE medical officer of health at Beverley (Dr. Stephenson), in his latest report, draws attention prominently to a matter of widespread interest. Considerable portions of a district under his inspection he found "depending only on surface drainages, and, owing to the town system of drainage being insufficient, they cannot easily have their condition improved." The common results of this defect in a district are apparent when the rainfall becomes excessive: the drains overflow, and the water comes back into the houses, carrying with it the impurities lying on the surface and much of the foul matter which has entered the drain. Before the main-drainage system of the metropolis was commenced—in the old days when the Fleet Ditch, covered in and converted into a temporary sewer, did duty as a general waste conduit, it was calculated that regurgitation from the sewers to the drains, and from the latter to the house-conveniences, always happened after twenty minutes' continuous rain. Unfortunately, surface-drainage still exists, as the only system of sanitation in too many districts. All appliances and schemes aimed to purify districts labouring under this radical defect must prove abortive. In short, it is no use patching up a system so defective. Summary reconstruction under the new powers provided by the Public Health Act is the only remedy.

OUTBREAK OF ENTERIC FEVER ON BOARD THE "CORNWALL" SCHOOL-SHIP.

WE learn that in addition to the twenty cases of fever admitted into the Seamen's Hospital last week, there are seventeen cases in the sick ward on board the *Cornwall*. This makes the number of boys attacked with fever thirty-seven, the total number on board being about two hundred. We understand that an inquiry into the causes which led to the outbreak will be undertaken by the Port Sanitary Authority. The strongest suspicion attaches itself to the drinking-water; and a rigid inquiry will no doubt be instituted as to the means that had been taken to prevent this from becoming polluted with any chance specifically contaminated excretory matters. This outbreak furnishes another illustration how careful ship-captains and ship-owners ought to be with respect to the character of the water shipped on board their vessels. No water ought to be shipped unless it is taken from a source sanctioned by the Port Sanitary Authority, and all supplies taken from the river or from river-side wells ought to be prohibited entirely. We are pleased to be able to state that all the cases in the present outbreak are now progressing favourably towards recovery.

THE HARVEIAN SOCIETY.

THIS Society, following the example of the Medical Society, has just instituted a course of lectures to be delivered annually. The first of the Harveian lecturers is Dr. Sibson, who has chosen for his subject one which, it will be remembered, he took up in the Lumleian Lectures at the College of Physicians two years ago—viz., "On Bright's Disease and its Treatment, considered mainly in relation with arterial tension from blood-contamination." The lectures are appointed for December 2nd and 16th.

NEW PRETEXT FOR DELAY.

WE regret to find Liverpool in the van of obstructives opposing or delaying the application of the Artisans' Dwellings Act. It is with even greater concern we find the local press shifting the blame to the shoulders of the local medical officer. They allege that Dr. Trench has recommended the corporation not to demolish some buildings he has declared fit only to be demolished, *until* they have ascertained "how far capital is likely to be placed at their disposal for building up where they have pulled down!" This is nothing more or less than creating a new pretext for delay. We take it that a medical officer has nothing whatever to do with the financial question. The question whether the Government will be able to lend funds for the schemes it sanctions is not in any sense medical. We cannot believe a medical officer has hesitated to discharge his obvious duty to the cause of public health lest he should inconvenience the local corporation or the Local Government Board, or, perhaps, even the Treasury. The aspect of affairs in Liverpool and the tone of the local press are, however,

bewildering, and require explanation. The laborious inactivity of Liverpool contrasts most unfavourably with the energy displayed by the authorities of Birmingham, as detailed by our own correspondent in another column.

THE NEWCASTLE GUARDIANS AND THE VACCINATION LAWS.

IT is gratifying to notice that the Newcastle Board of Guardians, though instigated to talk nonsense about liberty by a communication from the guardians of the Keighley Union, refused to pass the following resolution by a majority of sixteen to nine:—"In cases where persons refuse to have their children vaccinated on conscientious grounds, and when the persons so refusing have already been fined for the same offence, this Board directs that no further action should be taken against such persons." The liberty to have small-pox, and thereby to convey small-pox to others, is a liberty that we are better without. The mortality caused by small-pox among unvaccinated children is 50 per cent. By vaccination it is reduced to less than 7 per cent. The people of Newcastle are, we hope, too sensible to show opposition to a law that has so immensely saved life.

HEALTH OF MILE-END.

IT must be conceded that the metropolitan medical officers of health are carrying out their responsible functions under the Sanitary Acts with great tact and ability. The official reports compiled by these gentlemen, which we receive from time to time, contain ample evidence of assiduity, and of a careful surveillance over the health of their respective districts. The report of the sanitary condition of Mile-end for the year ending March, 1875, has just been issued by Dr. M. Corner. Like many of his colleagues, Dr. Corner has been hampered in his work by the difficulty created last year regarding the supply of district registrars' returns. The deprivation of these returns has hindered him from collating such complete statistical information as he would desire to embody in a health report. We trust this matter, which has for some time been the *bête noire* of vestries and their medical officers, will now be definitely arranged. The Registrar-General evidently cannot recede from the position he has taken up with regard to the subject. We find that the hamlet of Mile-end maintains its reputation for salubrity. A high birth-rate and a low mortality prevailed during the past year. No special manifestation of zymotic disease occurred in the period. There appears to be some amount of overcrowding in the district, which will doubtless soon be remedied by the application of the Artisans' Dwellings Act. The Adulteration Act is working satisfactorily. Of the numerous samples of food &c. examined during the year by Dr. Corner, very few were found to be adulterated.

THE ACADEMY OF MEDICINE.

A GOOD example has been set and material assistance rendered to the progress of scientific medicine in France by the legacies recently left to the Académie de Médecine by MM. Desportes and Demarquay. The former has left 30,000 francs, the interest of which is to supply an annual prize for the best memoir on a therapeutical subject to be chosen by the Académie. M. Demarquay has left to the Académie the sum of 100,000 francs towards the erection of a building for its use worthy of the position the Académie has obtained. In case the cost of erection of such a building is defrayed by the Government, the interest of the legacy is to be devoted to the establishment of an annual prize, the subject of which is to be decided by the Académie. M. Demarquay has also left a legacy to the "Association Générale de Médecine de France."

THE Royal National Lifeboat Institution has already this year been instrumental by its lifeboats and other means in saving 574 lives from shipwreck on the British coasts. There is little flourish of trumpets in the way this noble institution performs its work. Men are rescued every week from untimely ends through its comprehensive machinery, while the public shows very little acknowledgment of its efforts—indeed, takes small interest in its existence. At a meeting held last week, under the presidency of Mr. Chapman, an account of recent proceedings of the Society was given, when it appeared that sums amounting in all to £5220 had been given to the various lifeboat establishments. We are sorry to observe that the receipts look very small in comparison with this sum.

BY the munificence of Miss Clugston, an estate named Broomhill, with its noble mansion, situated at Kirkintilloch, has been purchased for £14,000, and was opened last week as a Hospital for Incurables. A large number of distinguished visitors were present at the inauguration, and amongst them the Earl of Shaftesbury, who uttered some weighty words on the need of such institutions and on some of the points which require to be observed for their successful management. In a subsequent speech the earl referred in highly laudatory terms to the energetic and praiseworthy efforts of the sanitary authorit es of Glasgow, which had resulted in so conspicuous an improvement of their town.

DR. WHITMORE, medical officer of health for Marylebone, in a report just issued, expresses an opinion that the time has now arrived when the serious attention of the Government should be given to the consideration of such further amendments in our present Sanitary Acts as will provide for the compulsory isolation of all persons suffering from infectious diseases. A legal enactment for the separation of infected patients would without doubt be instrumental in diminishing disease, but the difficulties in the application of such a law must not be underrated; we fear it would take a long time to accustom the public to its operation.

AT the Social Science Congress, Dr. Fussell, medical officer of health for East Sussex, read a paper in the Health Section on "the best means for rendering English watering-places more efficient for obviating the dangers arising from the occasional introduction of infectious diseases, and for determining the annual rate of mortality in such districts." Dr. Fussell insists that it should be made punishable to remove a patient within six weeks from the commencement of a contagious disorder without a certificate from the practitioner in attendance or from the sanitary officer.

A MEETING of the Pharmaceutical Society was held last week, under the presidency of Mr. Hills, on the occasion of the commencement of a new session in the educational department. Professors Bentley, Redwood, and Attfield testified to the great progress made during the past summer in the subjects of Chemistry, Materia Medica, and Botany—branches of study over wh ch t ese gentlemen most ably preside. Mr. Ekin, of Bath, in the course of the evening, delivered an excellent address, in which the functions of pharmacists were very clearly defined.

AT the Poor-law Conference, held at Southport, a resolution has been passed to the effect, that inasmuch as provision is made in connexion with all modern workhouses for chronic and harmless lunatics, with the sanction of the Local Government Board and under the supervision of the Commissioners in Lunacy, the Government grant of 4s. a head now paid in respect of pauper lunatics in asylums ought to be extended to such unions.

DR. GRIFFITH, medical officer of health for Sheffield, has issued his second annual report of the sanitary condition of the borough. The report is compiled with evident care, and contains some interesting information, statistical and otherwise. Scarlatina was fatally prevalent in the town last year, 671 deaths being registered from this cause alone, and there is reason to fear a continued increase of the disease. The number of deaths returned as uncertified seems very large—572. Infantile mortality reached a high figure, 2045 infants having died under one year of age out of a total return of 10,857 births. Dr. Griffith deplores the need of mortuaries and of accommodation for patients with infectious diseases in the town.

IN London, last week, 1397 deaths were registered, including 21 from measles, 110 from scarlet fever, 15 from diphtheria, 47 from whooping-cough, 29 from different forms of fever, and 105 from diarrhœa. No death from small-pox was registered. Different forms of violence caused 39 deaths in the period. A death from chloroform while the patient was undergoing operation occurred at the Seamen's Hospital. The Asylum District Fever and Small-pox Hospitals at Homerton and Stockwell contained 314 patients on the 9th inst., of which number one only was a case of small-pox.

AT a meeting of the Metropolitan Asylums Board, held last Saturday, under the presidency of Dr. Brewer, the report of the Select Committee of the House of Commons on the Hampstead Hospital question was read. Afterwards it was agreed to appoint a special committee of the Board to consider upon the best means of utilising the suggestion of the report, to the effect that administrative blocks should be erected on the vacant lands in possession of the managers.

THE Queen has granted to Dr. William Cormick, who is actually employed beyond Her Majesty's dominions, in the medical service of the Shah of Persia, in which he holds the appointment of chief medical officer attached to the heir apparent to the throne of Persia, her royal licence and authority that he may accept and wear the insignia of the Second Class of the Order of the Lion and Sun, conferred upon him by his Majesty.

WE understand from the *Jewish World* that there is great dread of an outbreak of cholera in Jerusalem. Preventive measures are actively pushed forward by the authorities of the city, and the physician attached to the Rothschild Hospital is circulating a pamphlet in which advice and instructions are given to the inhabitants. They are particularly exhorted to practise the virtue of cleanliness.

A CHILD has been poisoned at Barnsley by taking Harrop's Soothing Syrup, which, on analysis by Mr. Palmer, of the firm of Worley & Co., Market-street, Manchester, was found to contain morphia! When will Government compel the publication of the composition of quack medicines, and appoint some responsible person to forbid the sale of such as are dangerous to life?

NEW STUDENTS.

THE following is the latest return of the number of fresh students at the metropolitan medical schools this session. The returns give all the new entries at the schools, whether first-year's students or not:—St. Bartholomew's, 120; Guy's, 98; University College, 85; St. Thomas's, 74; St. George's, 46; Middlesex, 41; St. Mary's, 38; London, 33; Charing-cross, 32; Westminster, 11.

REPORT
OF
The Lancet Commission
ON THE
SANITARY CONDITION OF OUR PUBLIC SCHOOLS.

SHREWSBURY.

THE school at Shrewsbury was established in the reign of Edward the Sixth as a grammar school for the free education of the sons of the townsmen, the head master being permitted to receive boarders into his house who were to be maintained at their parents' charges. Shrewsbury, in spite of the comparative smallness of its numbers, has always held a prominent position among our chief public schools, and during the last forty years its career has been most brilliant. Shrewsbury men have repeatedly attained the distinction of Senior Classic at the University of Cambridge, and quite recently this honour has been obtained by them three years in succession; whilst since 1848 no less than twenty-one Porson Prizes at the same University have fallen to their share, and since 1868 they have carried off ten University (not College) scholarships. Such success is, we believe, unparalleled, and appears marvellous when we consider that the school rarely exceeds 170 in number, and that there are no entrance scholarships to attract boys of special promise to it.

The school buildings are situate in the town on a rising slope of ground overlooking the river on the west, and occupy about two acres and a half of ground. The school proper consists of a block of stone buildings, three storeys high, which contain the class-rooms, the library, and chapel. The houses belonging to the head and second master lay at right angles to the main buildings, forced back into a somewhat cramped position on the edge of the slope. At the entrance from the town is a small house containing studies. All the buildings are extremely old, and, with the exception of those having class-rooms, decidedly insufficient for the requirements of the school. In consequence of this cramped and crowded condition of the buildings containing the studies and dormitories, the governing body have determined to remove the institution to a more spacious and open site. It may be asked,—What use can any criticism of ours be now, as the school is to be removed? We reply, that the sanitary arrangements at Shrewsbury show what school authorities can do towards rendering their buildings healthy under the most disadvantageous circumstances; and a description of what has been done at Shrewsbury will serve as a useful example to those schools which still lag behind in matters of sanitary reform. It has been remarked that the health of the Shrewsbury students has been "inconsistently" good, considering the close and narrow quarters they have have had to live in; but this inconsistency is explained when an examination of the premises is made, and the care expended on minute sanitary details observed. Great credit is due to Dr. Kenedy (the late) and the Rev. Mr. Moss (the present head master), for their labours in this direction; and we also think that the school has benefited in having the advice and assistance of Sir James Paget, who is a member of the governing body.

The school at present numbers 175 boys, 115 of whom are boarders. The majority of the boarders reside with the head master in two houses, one house for juniors, the other for seniors; about 15 boys reside in the second master's house; all these buildings being on the school premises. Twenty-seven of the junior boys also board with the French master and one of the assistant masters at their private residences in the town. The remaining 33 boys live with

their parents or friends in the town, going backwards and forwards to school once or twice a day. Our inquiry only extended to the houses occupied by the head and second masters actually situate on the school premises. The houses in question are, as we have said, extremely old, and look perhaps more dilapidated than they really are in consequence of the walls being nearly all panelled with wood, which successive generations of boys have hacked and hewed about. The staircases are narrow, the rooms small, and pushed as it were all together. Three-fourths of the boys have studies, about four boys to one room; they sleep in small dormitories, which contain from three to four beds as an average number. The rooms perhaps are not large enough in every case for the number of occupants, but every means has been adopted to secure efficient ventilation; and this has been more easily carried out than is usually the case, owing to the huge old-fashioned chimneys which abound throughout the building. In addition to the studies, the senior boys have two large common sitting-rooms, in which they usually prepare their work, though they are not limited to these or to the studies, for Mr. Moss has wisely permitted the boys to prepare their work in any part of the school premises, a privilege that the boys fully avail themselves of, and in this way the most is made of a very confined space. The class-rooms are situate in the main block of buildings, and are airy and light; if the seats were arranged across the room instead of with the backs to the windows it would be better, as by the present arrangement the shadow must be cast before the boy on to his book or paper at some time of the day; by the other arrangement the shadow would be thrown aside of him, either right or left, but clear of the book or paper. The hours at Shrewsbury are as follows:—Chapel at 7.45, breakfast at 9, school from 10 to 12, and on long-class days, Mondays, Wednesdays, and Fridays, from 3 to 5. Practically the long-class days are only two in number, one generally being taken as a holiday. We therefore get seventeen hours a week as the average work in school, to which must be added about twenty hours more as time expended in preparation of lessons. This gives six hours of work a day; the success of the Shrewsbury boys certainly cannot therefore be attributed to undue cramming or severe pressure put upon them. The junior boys go to bed at 9, the seniors at 10 o'clock. The last meal is supper, which is served at 9 o'clock, and consists of bread and cheese. Nothing is served out to the boys in the morning before breakfast, but Mr. Moss says the boys have always plenty of biscuit, which they are at liberty to eat at that time if they require it. The bathing arrangements in the house appear primitive, but they are efficient. Cold bathing is practised by many of the boys throughout the year, and they are particularly attached to the cold douche. During the summer months they bathe in the Severn, some distance above the outlet of the town drainage we are glad to say, and are taught swimming by an attendant; no boy is allowed to enter the water unless he is present. Boating is carried on to some extent by the boys, but none are allowed to row without first having learnt to swim. Three medical men are attached to the school; Dr. Andrews and Mr. A. G. Brookes attend at the head master's house, and Mr. J. R. Humphreys at the second master's. There is no regular medical supervision, and no certificate is required on a boy's entrance or return to school from the holidays. The head master says that as yet the necessity for such precaution has never been forced upon him, as during the eight years that he has had the management of the school there has been no outbreak of fever; he was disposed to think that the suggestion was a valuable one. The numbers being small, and the medical men constantly visiting the school, boys of weak and delicate constitution speedily come under observation, and so, though not in the degree that we should like to see, some sort of supervision is exercised.

Shrewsbury is one of the few schools that has a system of sewerage separate from that of the town. The school sewer is ventilated. Every waste-, sink-, and overflow-pipe, is disconnected from the sewer, is carefully trapped, and empties outside the building over a grating, which is again trapped before entering the sewer. The waterclosets in the house are all ventilated. The consequence is that the interior of the school-buildings, notwithstanding the way in which they are packed together, is perfectly sweet and fresh. The water used in the buildings is from two sources—that for the closet-cisterns is from the town water-supply; the drinking-water is obtained from a conduit near the school, the water of which is brought from springs at Kingsland, so that the drinking water is quite distinct from that used for the closets. The drinking-water is of excellent quality. We ought to say that the second master prefers the water from the Castle-well, and in his house this is used.

The governors, as yet, have not, for want of space, been able to provide a separate sanatorium for infectious cases. Whenever a case of scarlet fever has occurred it has been removed to a cottage in the neighbourhood, and hitherto the accommodation thus obtained has been sufficient. In the event, however, of an outbreak occurring it would be necessary to break up the school. A sick-room, however, is set apart for ordinary cases of illness in the master's house. All boys not in school have to report themselves at once to the doctor, so that in the event of any infectious illness appearing it can at once be isolated. There is no regular playground provided for the boys beyond a slip at the back of the school, on the slope of the hill, on which a fives court is built. Here also are a range of out-door privies and urinals. In one of these urinals we saw an arrangement worthy of general adoption. Instead of the perforated iron pipe, dribbling miserable little jets of water, there was a powerful water-tap turned on, the full stream of which effectually washed away the urine, and kept the place sweet and clean. As there is no regular playground attached to the school, the head master rents a field about half a mile away for the use of the boarders, and hitherto the rent has been defrayed by him, and not by the school.

The great drawback at Shrewsbury, therefore, is want of space, and the evil increases yearly as the school develops. It has been long felt that, as Shrewsbury has gained such a high reputation, some means should be adopted to extend its usefulness and place the school on a basis of permanent prosperity. For twelve years the question of removal to another site has been under discussion, and several attempts have been made to effect it, but have fallen through. Now, however, the governing body have secured from the Corporation a very eligible site at Kingsland, a suburb on the other side of the river Severn. This site embraces every advantage; it is quite separated from the town by the river, yet not too far off to hinder the attendance of the town boys—being, in reality, for many of them, not further than the present buildings. The situation is extremely beautiful, and comprises about twenty-seven acres of ground. It is situate at the top of a hill, at the foot of which winds the Severn, the opposite bank of which is fringed with a noble avenue of trees, which almost hides the town. The soil is dry (of red sandstone), and the natural drainage good. An independent water-supply for the school could be secured from the springs in the neighbourhood. A large brick building, at present occupies the brow of the hill, and which for many years has been used as a workhouse. The general feeling of course is in favour of the removal of this edifice and the erection of a building more suitable to school purposes; but we fear the raising of new buildings is a question of money and not sentiment, and the governing body are not wealthy. We think perhaps it would be more prudent to utilise the present buildings till sufficient funds are forthcoming to build a really handsome school. We hope, however, the governing body will not be left unaided in their endeavours to erect a house worthy of the fame of the school. Both Shrewsbury and Shropshire owe much to their school, and liberal donations ought to be forthcoming to aid it on the present occasion.

ARMY MEDICAL SCHOOL.

THE thirty-first session of the Army Medical School was opened on the 1st inst. with fifteen candidates for commissions in the medical department of the British Army, ten for H.M. India service, and seven for the Royal Navy. The opening lecture was delivered by Professor Longmore, C.B. The lecturer departed somewhat from the usual course on such occasions; instead of going again into the history of the Army Medical School, and explaining the purpose for which it was founded, Mr. Longmore, after a few words of cordial welcome to the new-comers, referred them for in-

formation on all matters relating to the constitution of the school, the instruction given in it, and the duties of candidates for commissions, to addresses delivered on previous like occasions, and to the opening address of Lord Herbert, to be found in the first volume of the Departmental Blue-book. The lecturer then entered on the subject selected for his address—viz., an historical account of amputation from the dawn of surgery to the present time. This important subject was treated in an interesting and exhaustive manner, showing the slow steps by which this commonly supposed simple operation was perfected from the rude and cruel proceedings of the early surgeons up to the bloodless amputations of the present time. As the lecture will be published in a complete form, we need not attempt to give an imperfect summary of it on the present occasion. The lecture was listened to with much interest, and the Professor was loudly applauded at its conclusion.

Correspondence.

"Audi alteram partem."

THE CAUSE OF SEA-SICKNESS.

To the Editor of THE LANCET.

SIR,—In a letter to *The Times* on the merits of the *Castalia*, Mr. Marshall suggests that sea-sickness is due to the pitching of the vessel rather than the rolling, and adds that he should like to see the experiment tried of rocking a person from side to side in a chair, and then up and down, and comparing the effects of the two processes. This experiment, in a modified form, was tried upon myself last year in one of the small Scotch steamboats, and completely corroborated the view I already held, which is the same as that of Mr. Marshall. In various other ways also the trial can be made.

Being myself a very bad sailor and having a very susceptible nervous system, I have for many years studied my feelings during the various movements of a steam-vessel, and have no doubt at what time the greatest distress is felt. Rolling has no effect; the upward movement is not unpleasant; but the downward sinking of the vessel produces a sudden horrible feeling of depression at the pit of the stomach, with a corresponding bewilderment of the brain. Some years ago, when on the Mediterranean, I one day thought myself brave enough to sit down to dinner; and I well remember how I fought against all the other movements of the boat until it descended into a trough of the sea, when the swallowing a piece of food became a perfect impossibility. But the proof I wish to mention occurred in the voyage to Skye when passing between two islands where there was a ground swell, and the vessel slightly pitched; at this time I experienced, in a modified degree, the feeling of sea-sickness, but shortly the boat turned and took its course parallel with the waves; a rocking movement ensued, and my disagreeable feeling immediately passed off. No better proof, however, of the immediate cause of the *mal de mer* can be shown than in the similar sensations produced in descending a lofty building by a lift—as, for example, the Albert Hall. I myself have experienced a feeling of faintness after coming down which I have not thrown off for an hour or two, and I have known of others who could sympathise with me. Yet another example of the same kind. I was in the habit at one time of frequently travelling along a line of railway where at one spot it was slightly elevated to cross a turnpike road. The descent on the other side must have been very slight, but I always experienced a nauseating sensation during the moment when the carriage went up and down.

All these facts would tend to show that the sensations which I have described are due to the sudden falling of the abdominal viscera and their want of due support by the muscular parietes during the act of falling. The explanation is for many reasons not wholly satisfactory, but it seems the best which can be offered. It tallies with the well-known fact of the intense depression which is frequently experienced by persons who are the subject of incarcerated hernia.

In sea-sickness it may be remarked how all the symptoms resemble what is seen in gastro-intestinal affections, how on a warm day the sufferer may become deathly pale, cold, and almost pulseless. It is well known that when the movements of the boat are but slight, the horizontal posture will insure immunity from sickness. Chloral appears to be a good remedy, but whether it acts by simply benumbing the nerves of the stomach or by reducing the susceptibility of the whole nervous system, I am uncertain, but I know that a passenger may take a dose of chloral at Dover, fall into a drowsy, half-conscious state, and find himself at Calais free from sickness. Any explanation of sea-sickness must allow for the different susceptibilities of individuals, and nothing can show better than this horrible malady the great range of temperaments amongst us. Many young persons are ill if they ride in a carriage with their backs to the horses. Has this ever been explained?

I am, Sir, your obedient servant,

Grosvenor-street, Oct. 1875. SAMUEL WILKS.

A STANDARD SPHYGMOGRAPHIC TRACING (CAPTAIN WEBB'S).

To the Editor of THE LANCET.

SIR,—As it is a matter of considerable interest to physiologists and other students of the sphygmograph to possess a tracing that may be referred to as the type of a healthy,

vigorous man, I have taken the opportunity of obtaining that of Captain Webb. It will be seen that it is a magnificent example of perfect elasticity of the arteries and action of the heart. In connexion with Captain Webb's recent feat of strength and endurance, it is especially interesting to put this tracing on record.—Yours, &c.,

Weymouth-street, W. FANCOURT BARNES.

REGISTRATION OF DISEASE.

To the Editor of THE LANCET.

SIR,—I beg leave to call your attention to, and request your correction of, a typographical error of some importance which has crept into your otherwise accurate and favourable notice of my annual report on the health of Customs officers which appeared in THE LANCET of October 2nd, under the title of "Registration of Disease."

Therein it is stated that the mean daily number on the sick-list (30 7) was in the ratio of 6·4 per cent. on strength, and that the death-rate was 2 1 per cent. on strength. These proportions are erroneous, and far higher than have ever occurred in the force. The true ratio of sickness—*id est*, mean daily number incapacitated for duty—in the year 1874 was 3¼ per cent., and the mortality-rate (including accidental deaths) was 1·3 per cent. These latter proportions vary but little from the annual average, which, deduced from the records of many years, shows a sick-rate of 3 per cent., and a mortality-rate of 1·2 per cent.; or, to use the more familiar ratio of comparison, 12 per 1000.

I have the honour to be, Sir, your most obedient servant,

Custom House, October 13th, 1875. WALTER DICKSON.

BIRMINGHAM.

(*From our own Correspondent.*)

ACTING on the recommendation of the medical officer of health, Dr. Alfred Hill, the Town Council to-day decided to avail themselves of the advantages offered by the Artisans' and Labourers' Dwellings Improvement Act. The unhealthy area, which Dr. Hill describes "as in such a state of dangerous dilapidation that it is unfit for human habitation," and "affording only receptacles for rubbish and filth, and constituting a danger of the gravest kind to the health and

well-being of the whole town," is situate in the centre of the town, and contains the homes of 9000 persons. The scheme unanimously adopted by the Council, after two days' discussion, will involve the purchase of forty-five acres and a half of land, at an estimated cost of over half a million of money. The necessity for sanitary interference in this district is proved by the fact that in the ward which is mainly to be dealt with the mortality is 26·82 per 1000, or twice as great as that of Edgbaston ward (13·11), in which there are no factories, and in which the houses are mostly new and properly built and drained.

Another step which the Corporation have wisely adopted is to keep the public swimming baths open during the winter season. There can be no good reason why this great boon to the working classes should be restricted to the summer months. Then they can avail themselves of the pools and rivers in the neighbourhood of the town, but in the winter there is no chance for them to wash and be clean unless some such bath is open to them.

The deputy coroner has called attention to the alarming fact that from 150 to 200 infants are overlain in this town annually. Negligent mothers who disregard their infants must be dealt with more stringently than they are now, when the jury seem invariably to return a verdict of "found dead," and one or two prosecutions for manslaughter at the assizes would probably tend to diminish this growing crime.

The introductory lecture at Queen's College was given to a crowded audience of old and new students by the Warden, the Rev. W. H. Poulton, M.A., the chair being taken by Dr. Bell Fletcher. The lecturer called attention to the length of time many students wasted at the College and hospital without presenting themselves at any of the examining boards, and suggested as a remedy, that any student who presented himself for examination after the prescribed period of study should be subjected to a more stringent examination. He also inveighed against the tendency of the present day to multiply prizes out of all proportion to the perseverance expended in their acquisition, and against the practice of students holding assistantships during their first and second years at college.

The inaugural clinical address was given by Mr. Alfred Baker, at the General Hospital, on the 8th inst. It was full of sound practical advice to the students, to whom he commended the example of John Hunter, and was received most heartily by a large gathering of the old as well as of the rising members of the profession. The entry of students this year is said so far to be above the average.

Antiseptic dressings have been used recently at the General Hospital, and they have given some extremely successful results. In a case of empyema under Mr. Pemberton, where the chest was opened antiseptically and a drainage-tube run through it, the man has gained weight in a remarkable manner. Another good case is that of an epithelioma of the axilla and of the gluteal fold in a chimney-sweep. The former was in close relation to the axillary artery. There have also been two cases of dislocation of the foot inwards from the astragalus (one, which was compound, dressed antiseptically), and in neither was there any difficulty of reduction under ether, and both made a good recovery.

At the Queen's Hospital Mr. Jordan performed resection of the hip-joint on a young man who had long suffered from hip disease, which had produced partial anchylosis. The case is going on well. Colotomy has recently been performed for cancerous obstruction of the rectum by Mr. West, in a middle-aged man, with success. A melanotic tumour, as large as an orange, was removed on Saturday last from the axilla of a woman, aged forty, which had been growing twelve months.

Birmingham, October 12th, 1875.

MANCHESTER.

(From an occasional Correspondent.)

THE Medical Department of the Owens College was opened for the session on October 4th, with the usual ebullition of physical approval, by an address from Professor Lund, published in your issue of last week.

During the recess, every opportunity has been taken to let a little more daylight into the fine dissecting-room of the new Medical School, which the experience of last session proved to be unpleasantly shady in the average Manchester daylight. A couple of projecting windows have been let into the roof, and, without impairing the architectural effect, will add much to the comfort of the students.

The new museum is nearly completed, as also the library, where the books of the Manchester Medical Society will shortly find another home. A reading-room will be added in time, and admission will be allowed, under certain restrictions, to the students attending classes.

The chief topic of interest to the profession for some time past is the decision of the Infirmary Board in favour of removal to Oxford-road, in close contiguity to the Owens College. A large piece of land, admirably suited to the purpose, has been secured, and a building containing probably double the present number of beds will be erected. A receiving-house for accidents and urgent cases will be established near the site of the present hospital. There have been many letters in the local papers, by no means entirely in favour of the proposed removal, but there can be little doubt that the plan pursued by the infirmary authorities will prove the best in the end.

One or two of the suburbs of Manchester have had rather severe forms of enteric fever and scarlatina.

The medical officers to the provident dispensaries have just decided to resign, almost *en masse*. Their experience of the present working arrangements, and the treatment received at the hands of the General Council (which does not contain any representatives of their body), have proved eminently unsatisfactory to the small band who have hitherto supported the scheme.

Manchester, October 12th, 1875.

PARIS.

(From our own Correspondent.)

THE APPROACHING WINTER SESSION OF THE PARIS SCHOOL OF MEDICINE.

IN a few days the School of Medicine will open for its winter session. Before its opening, however, some important changes will have taken place in its teaching *personnel*. Thus, Professor Wurtz, the dean, has sent in his resignation. The school is without a dean, and has been so for some time, as the greatest difficulty is experienced in finding a new one. The *décanat*, or deanship, of the Paris Faculty is no sinecure. The dean must be rather popular with the students, and yet have sufficient authority and firmness to subdue the "manifestations" which they make every now and then. He must also be a good administrator, so as to keep the Faculty in business order, and look after its financial matters. It is said that this was the weak point of the last dean, who, possessed of every possible quality as a professor, a *savant*, and a gentleman, overlooked the business department of the school. Financial matters got muddled through the fault of subordinate officers, and the dean, disgusted with the results, sent in his resignation. He of course retains his chair of Chemistry, and the students will not be deprived of his brilliant lectures this winter.

Meanwhile, no one cares to take his succession as dean. There was a talk of Professor Gosselin accepting, but he has decidedly refused. Professor Depaul was also spoken of, but he has gone over to Brazil to accouche the Emperor's daughter-in-law. At present Professor Vulpian is most earnestly solicited to take the post, and will very likely end in accepting it, notwithstanding some reluctance.

Another important change in the Faculty will be the formal disappearance of the venerable and renowned Bouilland from the teaching of the school. It is true that for the last few years he generally had some of the vice-professors of the school to lecture in his place at the Hôpital la Charité. Still his name figured in the programme and amongst the professors, with the lustre which it sheds. Now he definitely retires from the arduous scene of clinical work and teaching, though he is yet full of life and vigour, and his abilities are as bright and active as ever. But he has well won his laurels, and is at liberty to take his *otium cum dignitate* when he pleases.

His retirement from the clinical chair of La Charité will necessarily entail the appointment of a successor. As you know, it is the professors of the school who elect a new colleague whenever a vacancy occurs. They generally select their colleagues out of the body of vice-professors, or *agrégés*. They choose two names, which are presented to the Minister of Public Instruction for selection, and he invariably nominates the first on the list. On this occasion it is very likely that one of the professors of the school, Dr. Hardy, Professor of Internal Pathology, will be allowed to change his chair for the vacant one of Clinical Medicine; and one of the *agrégés*, very likely Dr. Jaccoud, will be elected to Dr. Hardy's chair. Dr. Hardy is the well-known teacher and writer on skin diseases, whose clinical lectures on dermatology at St. Louis have been as successful as his theoretical teaching on medicine at the Faculty.

WINTER PROGRAMME OF THE PARIS SCHOOL.

Whilst on this subject, no doubt a statement of the winter programme of the Faculty will be read with interest. The professor of anatomy, M. Sappey, will lecture on the principal systems and the principal regions of the body, whilst Professor Robin will lecture on histology and make a special study of each of the organic tissues and systems. The theoretical teaching of surgery is divided between MM. Dolbeau and Le Fort, the former of whom will lecture on general surgical pathology, and the latter on "the therapeutics of affections of the circulatory system," and "the operations performed in diseases of the eyes, the mouth, and the chest." In Medicine M. Duguet (Medical Pathology) will lecture "on diseases of the urino-genital organs in man and woman"; and Prof. Chauffard (General Pathology and Therapeutics) on "acute and chronic disease, their symptomatology and etiology." The Professor of the History of Medicine, M. Lorain, will lecture this year on "the historical aspects of some contagious diseases—small-pox, syphilis, &c." The sister sciences will include Prof. Gavarret's lectures on the physical phenomena of speaking and hearing, and Prof. Wurtz on the study of the blood and the chemical phenomena of respiration and nutrition. The practical teaching of the school is carried on in the hospitals, and includes Professors Béhier and Richet at the Hôtel Dieu; Gosselin and Sée at La Charité; Verneuil and Lasègue at La Pitié; Broca at the Hôpital des Cliniques; and Depaul in the lying-in wards of the same hospitals. Dr. Blachez will also deliver a series of supplementary lectures on pædiatrics at the Hôpital des Enfants.

DEATH OF MARBEAU, THE FOUNDER OF CRÉCHES.

A man of worth and usefulness, François Marbeau, the founder of *créches*, died yesterday. He was an assistant-mayor at one of the mairies of Paris, when, being appointed to visit some asylums, he had occasion to notice that a great many workwomen were obliged to give their babies in keeping, to pay sevenpence a day for the purpose, and to go twice a day to suckle their children in the asylums. The idea occurred to him of establishing homes under the direction of sisters of mercy, provided with medical attendance, cradles, and every possible comfort and *surveillance*, and where workwomen's children might be kept safely and fed during their labour hours. The first *créche* was founded in 1844, at Chaillot, and proved most successful. The number of *créches* in Paris is now thirty-four, and in the departments eighty.

François Marbeau from that time continued to devote his life to the success of the institution he had founded, and to other charities. His life was one of general usefulness, and he is universally regretted.

ILLEGAL PRACTICE OF MEDICINE IN FRANCE.

There is at present a general outcry in France against the amount of illegal practice of medicine, which is doing the greatest harm to the regular practitioners, and is gradually cutting down the number of medical men who will consent to practise in the country. Everybody seems to meddle more or less with medicine; but those who *sell* medical advice or drugs, to the prejudice of qualified medical men, and without being authorised in any way, are most culpable, and their number is legion here. The provincial special and general papers are very earnest on the subject. One of them, the *Decentralization*, a political paper of Lyons, cries out that it is high time to put a stop to the practice in the interest of the public. It quotes the fact of chemists opening abscesses and prescribing, religious congregations selling eye-salves, midwives applying plasters to strangulated umbilical hernia, a renowned individual purging consumptive sufferers to death with a quack medicine, and winds up with an authentic history of a somnambulist who charged three francs for the following advice to a rheumatic individual:—Take two live tenches and apply them to the calves of the legs; take some little onions and apply one of them between each two toes; and take some bitter drink to finish up the cure.

THE PARIS HOSPITALS AND CLINIQUES.

In addition to the official teaching mentioned above, I may state that the various private lecturers in the hospitals are also busy preparing for the forthcoming *rentrée*. Dr. Michel Peter will continue his series of brilliant and instructive lectures at the St. Antoine; Dr. Bucquoy is to lecture at Cochin; Fournier at Lourcine or the Lock Hospital, on the venereal diseases of women; Panas, on eyes, at Lariboisière; and Gallard, on women, at La Pitié. Dr. Isambert will also continue his lectures on the larynx and his practical demonstrations of the uses of the laryngoscope, which he inaugurated so successfully last winter.

Paris, October 12th, 1875.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine and received certificates to practise on Oct. 7th:—

Boswell, Alexander, Disraeli-road, Putney.
Johnstone, William, Seaforth, Liverpool.
Low, Frank Harrison, Aberdeen House, Blackheath.

The following gentlemen passed the Primary Professional Examination on the same day:—

Reeve, Henry, London Hospital.
Roberts, Henry William, Guy's Hospital.

THE subscriptions to the proposed memorial to Sir John Gray, M.P., have already reached £500.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.—A meeting of the Council will be held on Friday (this day) for the purpose of considering what shall be the future policy of the Association, the action to be taken in support of the Maunsell Testimonial, and for general business.

ST. BARTHOLOMEW'S HOSPITAL.—The Abernethian Society, composed of the teachers and students of the hospital, holds its meetings in the reading-room, every Thursday evening during the winter session, for the reading and discussion of papers on subjects of medical science or practice, and for the exhibition of pathological specimens.

DUBLIN HOSPITAL SUNDAY.—At a late meeting of the Executive Council of the Dublin Hospital Sunday Fund communications were received from the secretaries of the Meath Hospital and the Convalescent Home, enclosing resolutions to the effect that the committees of those institutions desired that they should participate in the movement. The Meath Hospital was one of those institutions which heretofore refused to have any share in the funds collected, and we are glad to find that its governors have seen their mistake. The Adelaide Hospital, however, another of the objectors, still declines to have anything to do with the movement.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At the annual meeting, held in July last, the following officers were elected for the ensuing year:—President: Dr. G. Buchanan. Vice-Presidents: Dr. Thos. Stevenson, Dr. G. Ross, Dr. F. T. Bond. Treasurer: J. Liddle, Esq. Secretaries: Dr. J. Northcote Vinen, Dr. W. H. Corfield. Council: Dr. J. Adams, Dr. C. O. Baylis, Dr. M. Corner, Dr. T. O. Dudfield, Dr. C. B. Fox, E. L. Jacob, Esq., Dr. P. Jones, Dr. H. G. Sutton, H. Leach, Esq., Dr. C. M. Tidy, Dr. J. T. Tripe, Dr. W. T. G. Woodforde.—The first meeting of the session will be held at the Scottish Corporation Hall, Crane-Court, Fleet-street, on Saturday, October 16th, at 7.30 P.M., when the president will deliver an inaugural address "On some Directions of Scientific Work by Medical Officers of Health."

WEST KENT MEDICO-CHIRURGICAL SOCIETY.—The opening meeting of the twentieth session was held on Friday, Oct. 8th, at the Royal Kent Dispensary, Greenwich-road, Dr. John Anderson in the chair. The following members were elected officers for the session 1875-76:—President: Dr. J. N. Miller. Vice-Presidents: Dr. Thomas Creed and Mr. J. P. Purvis. Council: Drs. John Anderson, William Carr, Ralph Gooding, and Messrs. Hughes Cable, William Churton, Frederick Moon, and William Lockhart. Treasurer: Dr. Prior Purvis. Secretary: Mr. H. Knight Hitchcock. Librarian: Mr. J. B. Saundry. The next meeting will be held on Friday, Nov. 5th, at 8 P.M. precisely, when Dr. Braxton Hicks will read a paper.

Medical Appointments.

BARBER, E. C., M.B., L.R.C.P.L., M.R.C.S.E., has been appointed Resident Medical Officer to the Atkinson-Morley Convalescent Hospital, Wimbledon, vice Owen, whose appointment has expired.

BARLOW, C., M.R.C.S.E., has been appointed Medical Officer for the Sutton Coldfield District of the Aston Union, vice Smith, deceased.

BERNARD, A., M.B., L.R.C.S.Ed., has been appointed an Honorary Medical Officer to the Liverpool North Dispensary, vice Walby, resigned.

BROWN, Mr. F. W. (London Hospital), has been appointed Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Blakiston, whose appointment has expired.

CHAMBERS, EBER, M.B., C.M., M.R.C.S.E., has been appointed House-Surgeon to the Chester General Infirmary.

COOPER, J. C., M.R.C.S.E., has been appointed House-Surgeon to the Midland Counties Hospital for Chronic and Incurable Diseases, Leamington.

DALE, G., M.B., C.M., has been appointed Medical Officer for the Patterdale District of the West Ward Union, Westmoreland.

DAVIDSON, G., M.B., C.M., has been appointed Medical Officer to the West Pelton Lodge of the Durham Miners' Association.

DYER, T. J., F.R.C.S.E., has been reappointed Medical Officer of Health for the Merthyr Tydfil Urban Sanitary District for six months.

FOULDS, S., L.R.C.P.L., M.R.C.S.E., has been appointed an Hon. Medical Officer to the Chesterfield and North Derbyshire Hospital and Dispensary, vice Booth, resigned.

GLASIER, C., M.B., C.M., has been appointed House-Surgeon and Secretary to the West Norfolk and Lynn Hospital, vice Reid, resigned.

HALL, F. DE H., M.D., M.R.C.P.L., has been appointed an Assistant-Physician to the Westminster Hospital, vice Sturges.

HICKS, C. C., M.D., M.R.C.S.E., has been appointed Medical Officer for the Upper District of the Leighton Buzzard Union, vice Bothwell, resigned.

HUNTER, T., L.R.C.P.Ed., L.F.P. & S. Glas., has been appointed Medical Officer to the Teesdale Medical Union.

IMLACH, F., M.D., M.R.C.S.E., has been appointed an Honorary Medical Officer to the Liverpool North Dispensary, vice Lewtas, resigned.

JONES, E. O., M.B., C.M., has been appointed Medical Officer and Public Vaccinator (temporarily till Christmas) for the No. 3 District of the Oswestry Incorporation of the Poor, vice Davies, deceased.

KEYS, R. A., L.R.C.P.Ed., L.M., F.R.C.S.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Castlefin Dispensary District of the Strabane Union, Co. Tyrone, vice Smith, resigned.

KING, T., M.D., M.R.C.S.E., has been appointed Certifying Factory Surgeon for Rochford.

LE QUESNE, E. J., M.R.C.S.E., has been appointed Assistant House-Surgeon to the Metropolitan Free Hospital, Devonshire-square, vice Harvey, whose appointment has expired.

LONG, H. P., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the Eythorne District of the Eastry Union, Kent, vice Williams, resigned.

MAC EWAN, A. C., L.R.C.P.Ed., L.R.C.S.Ed., has been appointed Visiting Surgeon to the Chester General Infirmary, vice Chambers, appointed House-Surgeon.

PARKINSON, C. H. W., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for the No. 1 District of the Wimborne and Cranborne Union, vice C. B. Parkinson, M.R.C.S.E., deceased.

PEELE, E., L.K.Q.C.P.I., L.R.C.S.I., L.M., has been appointed Medical Officer for the No. 2 Division of the South City Dispensary, Dublin, vice Maunsell, deceased.

POWELL, H. M., M.R.C.S.E., has been appointed Visiting Medical Officer to the Dispensary for Sick Children, Gartside-street, Manchester, vice Renshaw, resigned.

ROBERTS, A., M.R.C.S.E., has been appointed Medical Officer for the North Keighley District of the Keighley Union, vice Cockeroft, resigned.

STUBBS, O., M.D., F.R.C.P.L., has been appointed a Physician to the Westminster Hospital, vice Sir G. D. Gibb, Bart., M.D., resigned.

TAYLOR, P. E., M.R.C.S.E., has been reappointed Medical Officer of Health for the Wells, Norfolk, Urban and Port Sanitary Districts.

TAYLOR, Mr. H. E., has been appointed a Resident Medical Officer to the General Infirmary, Leeds, vice Ellerton, whose appointment has expired.

THOMSON, A., F.R.C.S.I., L.M. K.Q.C.P.I., has been appointed Assistant Medical Officer to the Barnwood House Hospital for the Insane, Gloucester, vice Pilcher, whose appointment has expired.

WARNING, R., M.B., C.M., has been appointed Assistant Resident House-Surgeon to the North Dispensary, Liverpool, vice Blake, resigned.

WILKINS, Mr. R. B. (Univ. Coll. Hosp.), has been appointed a Resident Clinical Assistant at the Hospital for Consumption and Diseases of the Chest, Brompton, vice Orr, whose appointment has expired.

WILSON, J. M., M.B., C.M., has been appointed Medical Officer of Health for the Rochdale Urban Sanitary District: £300 per annum, with all office requirements.

WYKE-SMITH, W., L.R.C.P.Ed., L.M., M.R.C.S.E., has been appointed Medical Officer and Public Vaccinator for No. 2 District of the Wimborne and Cranborne Union, and Medical Officer to the Workhouse, vice Chas. H. W. Parkinson, M.R.C.S.E., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BASSETT.—On the 7th inst., at Hockley-hill, Birmingham, the wife of John Bassett, M.D., of a son.

BLAND.—On the 10th inst., at Park-green, Macclesfield, the wife of Geo. Bland, L.R.C.P.L., of a daughter.

MESSER.—On the 7th inst., at Helensburgh, the wife of T. J. Fordyce Messer, M.D., of a daughter.

MOORE.—On the 6th inst., at the Pembroke Royal Dockyard, the wife of Geo. Moore, M.D., Fleet-Surgeon R.N., of a daughter.

SKUSE.—On the 2nd inst., at Lonsdale-square, the wife of Dr. Skuse, Staff Surgeon-Major, Malta, of a son.

MARRIAGES.

CURRAN—FYSON.—On the 7th inst., at Christ Church, London, Dr. Curran, of Lew Down, Devon (eldest surviving son of Thomas Curran, Esq., of Ennistimon, Co. Clare, Ireland), to Sarah, third daughter of the late Wm. Fyson, Esq., of Exning, Camb.

THOMSON—COSE.—On the 6th inst., at Beechwood, Lochee, Wm. Thomson, M.D., of Peterborough, to Jessie Methven, only daughter of George Addison Cose, Esq., of Invertrossachs, Perthshire.

WOODMAN—ALLEN.—On the 9th inst., at St. Mark's, Torquay, John Woodman, F.R.C.S.E., of Exeter, to Catherine Louisa, daughter of the late Rev. John Allen.

DEATHS.

BENNETT.—On the 4th inst., at Worksop, Edwin Bennett, M.R.C.S.E., aged 47.

DUNLOP.—On the 6th inst., at Greenock, Dewar Dunlop, L.F.P. & S. Glas., aged 55.

FORSYTH.—On the 6th inst., at Templeard, Culmore, Geo. Crompton Forsyth, M.B., aged 22.

FURNIVALL.—On the 2nd inst., at Egham, Edward T. Furnivall, M.R.C.S.E., aged 41.

KAY.—On the 1st inst., at Alverstoke, John Kay, Deputy Inspector-General of Hospitals and Fleets, aged 82.

LEEDS.—On the 6th inst., at Castle-hill, Brenchley, Kent, Hannah, the wife of Edward Leeds, M.B., M.A., M.R.C.S.E., aged 34.

MANFORD.—On the 5th inst., at Ness Bank, Inverness, Robt. A. Manford, M.D., aged 66.

MATTHEWS.—On the 7th inst., at Maida-vale, Robt. Hughes Matthews, M.R.C.S.E., aged 70.

[N.B.—*A fee of 5s. is charged for the insertion of Notices of Births, Marriages, and Deaths.*]

Notes, Short Comments, and Answers to Correspondents.

REPORTS OF MEDICAL OFFICERS.

MEDICAL Officers of Health will greatly assist some inquiries we are prosecuting into the sanitary condition of the country, if they will forward to us copies of reports made or issued since the passing of the recent Acts of Parliament.

A NEW MEDICAL JOURNAL FOR PARIS.

WE have received the first number of the *Paris Médical*, a weekly journal to be devoted to practical medicine and surgery. It is edited by Prof. J. A. Fort, who, in explaining the aims and objects of his enterprise, says that it finds its *raison d'être* in the present neglect of therapeutical instruction from which the students of Paris are suffering—a neglect which has found its result in the recent official report addressed to the Minister of Public Instruction by the President of the late "Concours d'Agrégation en Chirurgie." In that report M. Ridet points out that, although the results of the recent examinations were such as to show very extensive pathological and clinical knowledge on the part of the candidates, as regards treatment and the indications for treatment, their knowledge was lamentably deficient. Dr. Fort proposes, then, to fill up this hiatus in medical education; and in his journal, which is to have none of its articles signed, in order that perfect freedom may be left to the writer and reader, he will draw attention to practical medicine and surgery. The first number is, however, too much occupied by the editor himself for us to judge of its merits, since not only does he contribute the aforesaid address, but he also devotes some pages to a description of the last edition of his General and Descriptive Anatomy, a course for which, however, he duly apologises. In spite of this, the aims of the journal are good, and we wish it success.

Surgeon-General Dr. Macleon is thanked for his courtesy.

FOOT-AND-MOUTH DISEASE.

To the Editor of THE LANCET.

SIR,—As this disease is very prevalent in Warwickshire, and as many cases of aphthous sore mouth and throat are now to be found (amongst the working classes especially), I should be very glad to have replies to two queries:—1st. Is foot-and-mouth disease seriously believed to be communicable to the human subject? 2nd. What are the safest tests of suspected milk during the continuance of the epizootic? Yours truly,

Coventry, Oct. 13th, 1875. A SUBSCRIBER.

"MADE GROUND."

A CONTEMPORARY recently called attention to the peril of placing new residential property upon a foundation consisting of "old cabbages, fish-bones, old shoes, &c.," to the depth of five feet. We fear the practice of "making ground" by levelling up with "rubbish" of every description is not only widespread, but almost universal. The custom, when a piece of land intended as the site for an "improvement" requires raising, is to let it to some contractor, who immediately subjects it to a nondescript tradesman, who emblazons the site with a placard, "Brown's Shoot," "Robinson's Tilt," or "Rubbish may be shot here." If possible a hoarding is put up round the land; in any case a barrier of some kind is erected, and the speculator either himself takes a toll from the carts which congregate to the spot, or places an old man or woman to perform that pecuniary service on his behalf. This method of procedure is so commonly adopted that it is even pursued in the case of pleasure-gardens. More than one square in a populous district of London has been recently "levelled-up" with decomposing matters collected by the open "shoot." A year or two hence, when the land has settled, and the surface soil has been washed down, a putrefying surface will be exposed, and perhaps an outbreak of fever in the row of houses overlooking this elegant garden,—so healthful for the children to play in—will perplex the local practitioners. It is absurd to go to the expense of closing intra-urban graveyards and removing nuisances, by costly expenditure, if we create new beds of pest-breeding rubbish, and call them "made-ground." The remedy officially proposed is to cover up the evil with a layer of concrete. This may be the only practicable plan where the mischief is done; but the practice should be summarily interdicted.

"ABUSE OF MEDICAL CHARITY."

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your inserting the following correspondence, in reference to my letter in THE LANCET of the 25th ult., in your next number.

I am, Sir, yours truly,

Cirencester, Oct. 11th, 1875. EDWARD CRIPPS.

Greenhill, Weymouth, Oct. 8th, 1875.

DEAR SIR,—In last week's LANCET I observe a letter from you, stating a patient of yours had come to the Sanatorium at Weymouth for advice gratis, and had since got her medicines at the druggist's from the prescription there given her, and that you were thereby deprived of your patient, &c. &c. I think it better to write to you rather than to THE LANCET, to disabuse your mind of any desire on the part of the medical officers of the Sanatorium to provide for anyone but those for whom the institution was established. Indeed, if a grievance be at all felt, I am sure you will agree with me that I have rather the right to complain of one in the position of your patient coming for advice gratis, depriving, if not robbing, me of one guinea; but even had she come to my house for advice, and paid my fee, she might still have taken the prescription to a chemist's, though I might, as is my custom, advise her to take it to her own medical man.

However, my chief object in writing you is to make you acquainted with the Sanatorium, which I have founded, and have had endowed, more especially as its portals are open to receive in-patients from all parts of the United Kingdom, and you may perchance have in your district some poor sufferer, for whom you would like to secure good nursing and sea air at a rate compatible with her circumstances—one, in fact, who could not afford to pay for lodgings, much less for medical attendance, and for such a one is the Sanatorium more especially founded; and if you know of any such to send, I need not say how much pleasure it will give me to treat them in the Sanatorium; or if you send a note with an out-patient unable to pay for advice, I shall be equally pleased to advise their course while here by their coming to the Institution twice a week, and will ask them to take the prescription to you on their return. You will better understand the nature of the Weymouth Sanatorium by seeing and reading the annual reports, and I have much pleasure in sending you those of last and previous years.

Believe me very faithfully yours,

Ed. Cripps, Esq. WM. J. SMITH.

Cirencester, Oct. 11th, 1875.

DEAR SIR,—I have received your letter, also the prospectuses, reports, &c., of the Weymouth Sanatorium. You will excuse me for saying, however, that all this is beside the question at issue. In my letter to THE LANCET I upheld the practice of your institution as typical of the abuse of medical charity. You reply, first, that my patient has deprived *you* of a fee by coming to your institution instead of consulting you privately, and that the practical result to me would be the same in either case; and secondly, that "I may perchance have in my district some poor sufferer for whom I should like to secure good nursing and sea air at a rate compatible with her circumstances, and who could not afford to pay for medical attendance."

To the first, I reply that whether you deprive yourself or me of a fee it matters not; you do an equal injustice to the profession in either case. And secondly, I admit that I have such poor sufferers in my district who cannot afford to pay for medical attendance, but that the patient in question is not such a one. The fact is, the case is so simple that there is not much to be said about it. A patient, perfectly well to do, and as well able to pay her way as you or I, is able, by the indiscriminate way in which your "portals" are thrown open, to obtain gratuitous advice and medicines, without any "recommendation," and without any questions being asked as to her circumstances. This, I say, is an abuse of the word charity, and does an injustice to the profession. Surely a little care and discrimination would easily enable you to become aware of the class of many of your out-patients. To show that I am not singular in my ideas on the subject, I could quote from a letter which I have received from one of the most respectable medical men in the county of Wilts, in which he speaks most strongly of the injury done by your institution to the local medical men.

I am yours truly,

Dr. Smith. EDWARD CRIPPS.

P.S.—Although you say you prefer sending me a private note to answering my letter publicly, I feel that, as my first letter was published in THE LANCET, I ought to publish your letter and this reply.

POISONING BY GOAT'S MILK.

WE have received a pamphlet by Prof. Toscani, giving a minute description of this occurrence. It would appear that in a locality of Rome, called Borgo Nuovo, near the Piazza Pia, twenty persons belonging to seven distinct families were seized soon after partaking of goat's milk and bread early in the morning, either mixed with coffee or plain, with symptoms of prostration, irritation of bowels, cramps, convulsions, &c. The milk was obtained from only one goat-keeper. The latter, as is usual in the month of June, came every morning into Rome with a herd of twelve goats, taking his stand in the Piazza Pia to supply his customers. It should be noticed that such members of the seven families who did not partake of the milk remained in good health. Prof. Toscani, in his pamphlet, which is a reprint from the *Archivio di Medicina*, Nos. 7 and 8, 1875, gives full details of the symptoms presented by the patients, none of whom died from the accident, and states that the principal remedial means employed were oil of sweet almonds, large draughts of water containing magnesia and albumen, tamarinds, and ether in a few cases. By order of the authorities, careful investigations were made as to the health of the goats, the vessels into which the milk was drawn, the state of the cups used by the patients, and especially the plants which the goats had used for food, either in the residence of the herd or travelling along from the country into Rome. No positive clue was obtained; but it became probable that elaterium or colchicum was the principal factor in the accidents. Very minute quantities, however, must have reached the stomach of the sufferers, as the goats remained perfectly healthy.

INTRODUCTORIES AND GENERAL PRACTITIONERS.

To the Editor of THE LANCET.

SIR,—I think if previous lecturers at the "introductories" in October had drawn a picture so startling as that Mr. Davy drew in his recent lecture at the Westminster Hospital, many aspirants would be deterred from entering our overstocked profession, and reserve their brains and energy for a field where they would be more appreciated, at all events better *paid*. There is no doubt of the usefulness—nay, almost *necessity*—in these days, of being "independent" of the profession, if one would succeed in it; for the hard up-hill work, ever-raging competition, and miserably low fees of the general practitioner (and these latter often never forthcoming!) make it really a serious question whether our lecturers do right in painting the profession in such brilliant colours as they generally do at the "introductories," when it is, in reality, one where the prizes are few and blanks many.

Now, Sir, were it the custom for the general practitioner to receive his fee as promptly as the consulting physician or surgeon does, instead of waiting a year or longer, as he generally has to do, the state of things so many young *dependent* men (amongst whom I am thankful it is not my misfortune to be) complain of might be remedied, and they be better enabled to meet the demands made upon them. In some towns the general practitioner insists on cash payments from his poorer patients, and an old fellow-student of mine, thus fortunately located, tells me it is as popular with the patients as their doctors! Bad debts (alas! so numerous) are thus unknown, and the *dependent* practitioner knows what he may fairly rely upon. As it is now, to get a patient is one thing; but to obtain the fee quite another, very often. This credit necessity from the practitioner is what so often leads to his downfall, and it was only a few days ago that I heard of a surgeon leaving his house suddenly, many of his tradesmen being heavy losers thereby, while with the proposed *cash* payments he would likely have found no necessity to have done so.

Could not some change be effected before those now young become old? It must be unanimous, though. Your obedient servant,

October 6th, 1875. M.R.C.P.

THE FREE UNIVERSITIES IN FRANCE.

SOME of these, by the incessant labour of the higher ecclesiastics, will enter upon their duties this autumn. Hitherto no faculty of medicine connected with these Universities has been attempted, as clinical instruction cannot be given as long as the Board of Hospitals in Paris keeps aloof. This Board is independent of the faculties, and to some extent of the Government. We hear, however, that at Lille the Board has consented, for a sum of £5600, to grant clinical instruction. The Faculty of Paris is, however, sounding the alarm; for the professors have induced the Minister of Public Instruction to appoint a Committee to report upon the improvements which might be introduced into the modes of clinical teaching and on other desirable changes. In the meanwhile a new branch of study has been annexed to the Paris Faculty of Medicine—viz., anthropology,—with a very efficient staff of professors. This is the work of M. Broca, the eminent anthropologist.

Mr. W. H. Williams.—The rule varies. A distinct understanding should be come to before completing the engagement. The privilege could not, we imagine, be claimed as a matter of right.

THE BODY OF THE LATE JEREMY BENTHAM.

To the Editor of THE LANCET.

SIR,—In THE LANCET of October 2nd a correspondent inquires as to where the body of the late Jeremy Bentham now lies, which is answered by "J. T." quite correctly in the last number of the same journal.

Allow me to supplement "J. T.'s" information by adding that a public demonstration of the muscles of the body was given by Mr. R. D. Grainger on the day following Dr. Southwood Smith's lecture, the dissection for the demonstration being made by myself and two or three of the other senior students of the Webb-street School of Anatomy. The head was desiccated under the receiver of an air-pump by the aid of strong sulphuric acid by Mr. Cooper, the Lecturer on Chemistry; and the skeleton put together by Mr. Appleton, Prosector of the School.

I am, Sir, yours truly,

St. Leonard's-on-Sea, Oct. 13th, 1875. THOMAS LLOYD, M.D.

HOSPITALS AND CHARITABLE ESTABLISHMENTS IN COLOMBIA.

A RECENTLY issued Consular report says that the Spaniards left in many parts of their South American colonies numerous establishments of this kind. They were all connected with the Church, and, in the majority of cases, possessed considerable revenues. Although a great number of these have disappeared, owing to repeated confiscations and the exigencies of frequent revolutions, some still exist. They are now supported by State aid increased by voluntary contributions. In Bogotá there is a fair provision of benevolent institutions, and many private individuals give up their time and labour to them gratuitously. Within the last four years a number of French Sisters of Charity have been introduced, who have done much good.

A. B. C.—Our Students' Number will supply the information required.

MAUNSELL MEMORIAL FUND.

THE following additional subscriptions have been received on behalf of the above:—

Amount already acknowledged			£216	0	0		
A. B., per Dr. Rogers ...	£1	1	0	Dr. James Little	£1	1	0
Dr. Anderson, Newtown-Hamilton	0	5	0	Rev. T. Long, A.M.	1	0	0
Dr. F. Hastings Baxter, R.H.M.S., Phœnix Park.	2	0	0	Dr. F. B. M'Dowell, York-street	2	2	0
T. H. Bogue, Esq.	1	1	0	Dr. Mason	1	1	0
Dr. W. M. Burke, Charlemont House	1	1	0	H. Minchin, M.B.	1	1	0
Dr. J. G. Burne	1	1	0	Dr. M'Gusty, Slane	1	0	0
Thomas Cargill, Esq., C.E., London	1	1	0	Dr. F. M'Carthy, South City Dispensary	1	1	0
Dr. Chaplin, Kildare	1	1	0	Dr. MacMorran	0	10	0
Dr. Churchill, jun.	1	0	0	Dr. Murdoch, Sandymount	5	0	0
Dr. Corley	1	0	0	Dr. Nevill	0	10	0
Dr. Cronyn	1	1	0	Dr. Newland, Kingstown ...	1	0	0
Wm. Coulter, Esq., London	1	1	0	Dr. O'Neill	0	10	0
Dr. Cryan	1	1	0	Dr. O'Rourke, Enniscorthy	1	1	0
Dr. Cullinan, Ennis	1	1	0	Dr. Petit, D. L. Asylum, Letterkenny	1	0	0
Dr. Dillon, Ennis	0	10	0	Dr. Peebles	1	1	0
Dr. Dorman	0	10	0	Prof. Seaton Reid, Belfast.	1	1	0
Dr. Dudley	1	1	0	Dr. Jas. Ridley, Tullamore	1	0	0
W. H. Elliott, M.B., Coolock	1	1	0	The President, College of Physicians	2	2	0
Dr. C. Fitzgerald	1	1	0	The President, College of Surgeons	1	0	0
Dr. A. W. Foot	2	2	0	Dr. Rowan, Kilkee	0	10	0
Dr. Gordon	1	1	0	Dr. Shaw, Lurgan	1	1	0
Dr. Greene, Ennis	1	1	0	Dr. Smith, Sheffield	0	10	6
Dr. Hadden	0	10	6	Dr. W. G. Smith	1	0	0
Mitchell Henry, Esq., M.P.	5	0	0	E. Smyth, Esq., Wesbridge House, Enniskillen ...	1	0	0
G. Hepburn, Esq., Clerk, S. D. Union	1	0	0	Dr. B. H. Spedding, Belfast	1	0	0
Rev. B. H. Johnson	2	2	0	Dr. Twiss, Killarney, per Dr. Rogers	1	1	0
Dr. G. Johnstone, Rotundo Hospital	1	0	0	Dr. Eben. Watson	1	0	0
Michael Kerrigan, Esq. ...	0	10	0	Michael Webb, Esq.	0	10	0
Dr. F. Kirkpatrick	1	1	0	Dr. Whistler, Bray	1	0	0
J. R. Kirkpatrick, M.B. ...	1	1	0	Dr. Wolseley, Dunfanaghy.	1	1	0
Dr. Ledwich	1	1	0				

Subscriptions will be received by Dr. Joseph Rogers, 33, Dean-street Soho, London.

CONVALESCENT HOMES.

To the Editor of THE LANCET.

SIR,—I have never had a desire to rush into print; but as a constant subscriber to your journal of nine years' standing, I feel that I have a right to defend a valuable institution, with which I am connected, from a wholly unmerited attack.

The young man to whom allusion is made by your correspondent is a poor clerk, who is delicate, and was at the time knocked up by work. Many hospital and private nurses, school teachers, scripture readers, City missionaries, and others, who have succumbed to their arduous duties, and would be ill if it were not for rest, are admitted in the course of the year, and surely no objection can be made to the reception of such cases. I believe, and I have had considerable opportunities of observing here and elsewhere, that the Home is less abused in this way than most other charitable institutions. It does not profess to be a hospital, and it is quite true that the male and female inmates do dine together under proper supervision. I think he must be a veritable "Simon Pure" who objects to this. Of course, publicity is the only means of correcting many abuses; but I fancy a little more experience would have led your correspondent to make further inquiries before attacking a useful charitable institution, especially when he learns that the deficiency in income has hitherto been made good out of the private purse of Mrs. Rusher, the founder and manager, and that many of the "rambles" consist of drives in the private carriage of the Rev. W. Hinde, Mrs. Rusher's brother-in-law, who gives his services as Secretary and resident Chaplain altogether gratuitously.

I have neither time nor inclination for further correspondence on the matter, and I remain,

Yours obediently,

Quay House, Dover, Oct. 11th, 1875. THOS. W. COLBECK.

To the Editor of THE LANCET.

SIR,—If your correspondent, Mr. Morton, will look to last year's October number of *Good Words*, he will see that there is another side to Mrs. Rusher's Home than the one he describes in his letter.

Mrs. Rusher's Home is designed not only for convalescents, but for overworked, delicate *poor* people, to whom a "holiday at the seaside" is of great service. I venture to think that most medical men, on the principle that prevention is better than cure, will say what a capital institution this must be. Many of her poor parishioners and the young man in question have much to thank Mrs. Rusher for. No doubt, many London incumbents can say the same.

Your obedient servant,

GEORGE H. W. BROMFIELD.

St. Mary's Vicarage, Lambeth, Oct. 8th, 1875.

THE SUBSULPHATE OF MERCURY.

THIS "turbith mineral," as it is called in France, is seldom prescribed in this country; but is highly lauded by Dr. Cadet in the *Corresp. Scient. di Roma*, No. 27, 1875, as a remedy against rabies. In the article on the subject, Dr. Cadet alludes to Dr. Edea, of South Carolina, who states that many "distinguished physicians considered the subsulphate of mercury a specific in cases of membranous croup." Italian physicians also use the same salt with much success in pertussis. In fact, the subsulphate is held by some of our brethren in Italy as being highly useful in cholera and the plague.

PURPURA HÆMORRHAGICA.

To the Editor of THE LANCET.

SIR,—The following case is, I think, of sufficient interest for insertion in THE LANCET.

Sarah P——, aged forty-seven, was brought down to death's door by free hæmorrhage at the same time from the tongue, gums, bladder, and bowels. From March 26th to April 6th, 1875, the hæmorrhage was very free from the gums

History.—March 26th, 1874.—Under my care for five weeks for left pneumonia, and had been well a week. The night before last I noticed a swelling, about the size of a pea, on the right edge of the tip of the tongue. She lost blood through the night and next day very freely. On my seeing her it was not bleeding, but had the appearance of a blue extravasation of blood in the substance of the tongue. Her mouth was full of decayed teeth and stumps, and on the left side the gums were bleeding very freely, and she was constantly expectorating florid blood. By her bedside was a basin, containing seven ounces of dark blood mixed with saliva, which she had expectorated during the night and morning. The blood keeps round the gums. She is pale and emaciated; very weak; pulse 100; appetite bad; bowels constipated and irregular; tongue large, moist, and fissured; purpuric spots all over the body, of every shape, most of them of a dark claret colour, some scarlet, and distinctly felt under the skin—they appeared after the swelling in the tongue. Five grains of gallic acid and fifteen minims of dilute sulphuric acid to be taken every four hours.

March 27th.—2.30 P.M.: The patient has taken four doses of the mixture. Gums have bled freely, and blood was still oozing at my visit; a great deal of blood in the urine; pain after micturition. Has taken mutton broth and port wine. Gums to be well rinsed with a lotion of liq. ferri (three drachms to three ounces of water); half-drachm doses of tincture of iron to be taken every two hours, and a draught of half-drachm dose of oil of turpentine. Motions dark-coloured.

28th.—Dr. M. saw her with me. No sleep. Every ten minutes during the night she spat out saliva and blood. Urine of a pale Condy's fluid colour; no sediment. Pulse 130; tongue and mouth coated black from the iron and gallic acid. Had taken two half-drachm doses of turpentine and three or four doses of the tincture of iron, and had rinsed the gums with the iron lotion. She had also taken a dose of ten grains of gallic acid and half a drachm of sulphuric acid every hour. Bowels open; motions dark in colour. To leave off the iron, and rinse the mouth with cold water.—7.30 P.M.: Messenger arrived to say that the hæmorrhage from the gums was still continuing, and that her urine was more high-coloured. To take a pill consisting of three grains of acetate of lead and one grain of opium every two hours, and two drachms of oil of turpentine every six hours.

29th.—2.30 P.M.: Urine the colour of dark claret; expectorated only a little blood from the gums. To take gallic acid, iron, and bark every two hours; to suck ice.

30th.—Bowels opened last night; motions black; passed about a pint of urine, of the colour of damson-juice; also passed a pint last night, very dark; tongue and teeth coated black, and here and there arterial oozing from the gums. Ordered bladder of ice to the hypogastric region. She has taken well of brandy, beef-tea, &c. A mixture of sulphate of iron and liquor ammoniæ.—Evening: Dr. M. saw her. Hæmorrhage from gums still going on; thick sediment of blood in the urine.

31st.—4 P.M.: Still expectorates saliva tinged with blood; passed only three ounces of urine to-day, of a bright scarlet colour, with a clot in it; bowels opened; motions very black. She took a pill of acetate of lead last night. On the left side of the tongue there is a swelling similar to that on the right side, but as large as a field bean, and full of black-looking blood. Pulse 130. Ordered two grains of quinine and five grains of alum every three hours.

April 1st.—Gums bleeding slightly; passed urine twice, still dark.

2nd.—11 A.M.: Passed about four ounces of urine, of a muddy lithatic colour, with a little red blood; frequent and difficult micturition; bowels opened twice; no blood; no uterine hæmorrhage; tongue cleared of its black coating; gums at a couple of spots oozing blood; spots still numerous, but fading.

3rd.—Expectoration from gums scanty; urine lithatic.

4th.—Very pallid; when in sitting posture very faint; slight oozing of blood from gums. To take bark and acid mixture.

5th.—8 P.M.: Very sick; expectorating a quantity of saliva slightly tinged with blood; passed about two hours ago two ounces of lithatic urine, no blood, but had also passed about four ounces of very dark-coloured urine; tongue clean; pulse 130.

7th.—No blood from gums or in urine; spots fading.

11th.—Going on favourably; spots dull on arms, brighter on chest. From this date the patient got quite well.

Yours &c.,

Tenbury, October, 1875. F. H. THOMPSON, Surgeon.

ANTI-VACCINATION POSTAL CARDS.

To the Editor of THE LANCET.

SIR,—The announcement of the birth of one's child in *The Times* would seem to be attended by an infliction through the post of rather a formidable character, if my experience is similar to that of others. First came printed lists, with illustrations of various articles of baby linen; then arrived trade lists, with dozens of testimonials from medical men, of bottled stout, "particularly recommended by the faculty for nursing purposes"; thirdly, photographs from various parts of the country of the birth column of the "leading journal," containing the interesting notification itself, with a request for twelve stamps; fourthly, postal cards from the Anti-Vaccination League, full of what may be politely called errors, &c. &c. The last named I beg to enclose for your inspection, in order that you may know the means that are employed by the few misguided men composing that body for the dissemination of their pernicious crotchets amongst the ignorant.

Yours truly,

October, 1875. A MUCH-ENDURING PARENT.

RESOLUTE INACTION.

THE "Local Board" of Nantwich has formally and deliberately resolved not to move in the matter of sewage reform, because the cost of any change would be considerable, and the local nuisance is not great. Only a hundred houses discharge their sewage directly into the river Weaver, and the landowners (!) are not known to suffer any serious injury therefrom. The spectacle of a "Board" thus defying law and prudence would be amusing if the consequences were not likely to be mischievous. We shall hope to hear that some form of compulsion, more formidable than the injunction with which the Local Board of Nantwich has been playing for the last twelve months, has been discovered and applied with an earnestness equal to the obstruction.

"PUBLIC CONVENIENCES."

To the Editor of THE LANCET.

SIR,—I observe you have recently with just cause commented upon the general filthiness of public conveniences. Whilst the attention of the public is yet directed to this subject, I venture to suggest to you what would, in my opinion, be a further step in the right direction. It is generally felt as a great want the impossibility of discovering the whereabouts of a post-office or a urinal. In Edinburgh this want has been recognised by the authorities, and these places are now distinguished by *coloured lamps*. I trust that in the interest of the public you will, through the medium of your columns, urge upon the proper authorities the adoption of some such plan.

I am, Sir, your obedient servant,

Philpot-lane, City, Oct. 5th, 1875. WILLIAM BEATTIE.

INSURANCE AGAINST SICKNESS.

To the Editor of THE LANCET.

SIR,—It is strange that amongst all the Insurance Societies there is not one, so far as I can find, that issue "sickness policies." There are many Benefit Societies, but these are confined to the artisan and labouring class. The advantages of a Society of this nature to the members of the medical profession cannot be estimated, as, for instance, to younger medical men, who, like myself and many others, depend solely on their own exertions for their independence. The letter of Dr. Jas. O. M'Creery in your impression of last week leads me to hope that the subject will not be lost sight of.

I am, Sir, yours faithfully,

Clapham, Oct. 13th, 1875. J. DE BURGH GRIFFITH.

COMMUNICATIONS not noticed in the current number will receive attention in our issue of the ensuing week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Humphry, Cambridge; Dr. Wilks, London; Mr. Holmes, London; Dr. Curnow, London; Surgeon-General Maclean; Mr. Wright, Liverpool; Dr. Gill, Clapham; Mr. Hudson, South Cave; Mr. Moore, London; Mr. Madden, London; Mr. Roberts, Keighley; Mr. Thompson, Tenbury; Mr. Smith, Dublin; Dr. Fort, Paris; Dr. Dougall, Glasgow; Mr. Ireland, Linton; Dr. Stainthorpe, Hexham; Mr. Lund, Manchester; Dr. Parsons, Dover; Mr. Williams, London; Dr. Peters, New York; Mr. Harrison, Liverpool; Dr. Bodine, Trenton, U.S.A.; Mr. Mulvany, R.N.; Dr. Duddfield, Kensington; Mr. Sewill, London; Mr. Brown, Dorchester; Mr. MacGregor, London; Mr. Collins, Dover; Dr. Lawrence, Bayswater; Dr. Adamson, Hetton-le-Hole; Mr. Rendle, London; Mr. Colbeck, Dover; Dr. Dickson, London; Mr. Bromfield, London; Mr. Loudon, London; Dr. Speedy, Dublin; Dr. Roper, London; Mr. Ingpen, London; Dr. Clark, Walsall; Mr. Moreton, Leamington; Mr. Skinner, Worksop; Dr. Griffiths, Rhyl; Dr. Lister, Ashton; Mr. Robinson, Folkestone; Mr. Hooper, London; Mr. Force, Exeter; Mr. Gray, Edinburgh; Dr. Fox, Brighton; Dr. Evans, Cardiff; Dr. Cole, Bath; Dr. Cripps, Cirencester; Mr. Irving, Huddersfield; Dr. Edis, London; Mr. Meadows, Bradford; Mr. Searle, Brixham; Mr. De Burgh Griffith, Clapham; The Secretary of the Medical Society of London; Culpho; S.; Rufus; Abyla; Registrar-General, Edinburgh; The Secretary of the Harveian Society; Surgeon, Thaxted; The Secretary of the Improved Industrial Dwellings Company; A. B., Dorrington; M. B., Glasgow; A. B., Leicester; The Secretary of the Pathological Society; A Subscriber; Mataro; Enbuirer; M.R.C.S.; Constant Reader; A Student; Beta; &c. &c.

LETTERS, *each with enclosure*, are also acknowledged from—Dr. Wollaston, Lyme Regis Mr. Pursey, Liverpool; Mr. Flint, London; Mr. Royds, Rochdale; Mr. Leeds, Brenchley; Mr. Brown, Stockton-on-Tees; Messrs. Hartill and Co., Willenhall; Mr. White, London; Mr. Hilliard, Birmingham; Mr. Jones, Pendelton; Dr. Nihill, Tulla; Mr. Whitbourne, Topsham; Mr. Buller, South Brent; Dr. Sloane, Leicester; Mr. Thorpe, Walsall; Mr. Allen, Ivy Bridge; Mr. Walters, Edinburgh; Mr. Tilsley, Burslem; Mr. Girdlestone, Andover; Mr. Drury, Harleston; Dr. Ramsay, London; Dr. Ginders, Normanton; Dr. Hodgson, Preston; Mr. Lloyd, Lambeth; Mr. Neill, Bangor; Messrs. Maclachlan and Co., Edinburgh; Mr. Buck, Leicester; A. Z., Amersham; Theta, Walsall; L. C. B., York; Medicus, Bath; L. M. N.; A. H. S., Eltham; Omega, Peterborough; M. D., London; Sentry, London; Medicus, Halifax; Alpha, Birmingham; Medicus, Ripley; B. B. J., Durham; W. T., Frome; A. B., Manchester; Principal, York; A. F.

Newcastle Chronicle, Cork Constitution, Western Morning News, Record, Local Government Chronicle, East London Observer, Metropolitan, Surrey Advertiser, Hackney and Kingsland Gazette, Huddersfield Chronicle, Sussex Daily News, Manchester Guardian, Birmingham Morning News, Leeds Mercury, Wrexham Guardian, Hull News, Liverpool Mercury, Dover Telegraph, Welshman, Colchester Mercury, and *Daily Bristol Times* have been received.

METEOROLOGICAL READINGS

(Taken by Steward's Instruments).

THE LANCET OFFICE, OCT. 14TH, 1875.

Date		Barometer reduced to Sea Level and 32° F.	Direction of Wind.	Wet Bulb.	Dry Bulb	Solar Radia in Vacuo	Max. Temp. Shade	Min. Temp	Rainfall.	Remarks at 8 A.M.
Oct.	8	30·21	S.W.	54	57	...	61	50	...	Cloudy
"	9	29·70	WNW	51	54	...	61	53	...	Hazy
"	10	29·96	S.W.	50	58	...	61	42	...	Overcast
"	11	29·30	W.	49	52	...	56	49	0·39	Overcast
"	12	29·37	W.	37	38	...	54	37	0·07	Foggy
"	13	29·20	S.E.	42	43	...	53	37	...	Foggy
"	14	29·29	N.	44	47	...	...	42	...	Overcast

Medical Diary for the ensuing Week.

Monday, Oct. 18.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M. each day, and at the same hour.
ROYAL WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M. each day, and at the same hour.
ST. MARK'S HOSPITAL.—Operations, 9 A.M. and 2 P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Opening Meeting of the Session.—Dr. Routh, "On Hyperpyrexia viewed especially in its Surgical Aspect." Dr. Thorowgood, "On a Case of Acute Pneumonia."

Tuesday, Oct. 19.

GUY'S HOSPITAL.—Operations, 1½ P.M., and on Friday at the same hour.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 3 P.M.
PATHOLOGICAL SOCIETY OF LONDON.—8½ P.M. The following Specimens will be exhibited:—Hydatid Cyst of the Liver which burst into the Lung; Fractured Bones of Gorilla; Rickets in Young Pheasants; Supra-renal Capsular Disease; Ulcer of Stomach; Calculi of Cystic Oxide; Epithelioma of Tongue and Jaw; Subarachnoid Hæmorrhage of Cord; Thrombosis of Internal Carotids; Uncommon form of Carcinoma of Breast; Tumour of Anterior Cerebral Artery, &c.; Carcinoma Lipomatosum of Kidney; Tubercle of Pancreas; &c. &c.

Wednesday, Oct. 20.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M., and on Saturday at the same hour.
KING'S COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M., and on Saturday at the same hour.
LONDON HOSPITAL.—Operations, 2 P.M.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN.—Operations, 2½ P.M.

Thursday, Oct. 21.

ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M., and on Friday at the same hour.

Friday, Oct. 22.

ST. GEORGE'S HOSPITAL.—Ophthalmic Operations, 1½ P.M.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
CLINICAL SOCIETY OF LONDON.—8½ P.M.—Adjourned Discussion on Mr. Callender's Case of "Treatment of Wounds with Salicylic Acid," and Mr. Pick's Case of "Treatment of Wound of Knee-joint with Carbolic Acid."—Mr. T. Holmes, "On a Case of Ligature of Femoral Artery with Carbolised Catgut."—Mr. Haward, "On a Case of Lymphadenoma."—Dr. Murchison, "On a Case of Acute Cancer of the Liver, with Pyrexia, in a Man aged twenty-four"; "On a Case of Abdominal (Hepatic?) Abscess without Elevation of Temperature."
QUEKETT MICROSCOPICAL CLUB.—8 P.M.

Saturday, Oct. 23.

ROYAL FREE HOSPITAL.—Operations, 2 P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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